

CHEMIST & DRUGGIST

The newsweekly for pharmacy

November 22, 1986

a Benn publication

New contract
cash deal
for Christmas?

Vote for third
pharmacist
PPSC member

PSNC survey:
will you take
compensation?

LPCs approve
PSNC's response
to Nuffield

RPA Conference:
president says
'Respond or else'

Assistants call
for more
training

Clinical series
CNS 2: Anxiety

Tory MPs back
Sunday trade
law reform

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children's pain
to sleep**



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To benefit from this new powerful Medised campaign, it will pay you to talk to your Panpharma representative now.

November 22, 1986
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Incorporating
Retail Chemist

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IN THIS ISSUE

PSNC to insist new contract negotiations complete by Christmas	878
LPCs to consider Regulations and guidelines, and remunerative package on January 10?	
Third pharmacist gets PPSC vote, Newton says at PSNC dinner	879
PSNC asks: 'Will you take new contract compensation?'	881
LPCs approve PSNC's response to the Nuffield Report	884
Minor changes only arising from last Wednesday's seminar	
...and what about chemist assistants?	897
Survey results presented at Janssen Pharmacy 2000 seminar	
Clinical pharmacy: CNS pt2 — anxiety	900
'Respond to Nuffield or else...' warns Booth at RPA conference	904,912
Roger King becomes chairman as Madge stands down	
Tory MPs back Sunday trade law reform	907
Topical reflections by Xrayser	886
Counterpoints	887
Prescription Specialities	892
Letters	905
Coming Events	906
Business news	907
Classified advertisements	910
People	912

COMMENT

If the intensity of debate at last week's PSNC meeting was equal to the response given by LPC representatives to chairman David Sharpe's statement on new contract negotiations, then we were wrong to suggest that passions might have been aroused at such a crucial meeting. Indeed PSNC member Peter Holman seems to say as much in his letter on p905, although now City and East London contractors appear to have broken ranks after the event, calling on the January 10 LPC Conference to reject the package.

That there was so little debate at the seminar is disappointing, but perhaps not surprising given that LPC representatives were only told the week before that they would be given opportunity to comment. And they did not have the PSNC's statement given to them for consideration as they signed in — they got an oral version later.

Chairman David Sharpe presented the statement fully and



forcefully at the start of the seminar, inviting representatives not to dwell on what might have been, but to concentrate on the realities of the contract as it stood. In the event only three people chose to speak and PSNC, with an emphatic whimper, was commissioned to again take up negotiations.

This week PSNC negotiators have determined to press the DHSS to deliver the goods on the additional pharmacists allowance, nil-discount items, and fee related to treatment period before Christmas ready for the January Conference. Quite so! Also, PSNC is surveying contractors to see how

many of the near 11,700 pharmacies on the Register want to take compensation and retire. Be it a large or a small number it is likely to vary significantly from PSNC's earlier estimate of 300. Small, and there will be no money to plough back into either DHSS coffers, the compensation scheme or Nuffield stage 2 roles. Large, and there will be embarrassment of riches. Small, and the profession will find itself alone in supporting essential pharmacies, along with those new ones found to be necessary or desirable. Too large, and those remaining will be so busy dispensing that unless they employ second pharmacists and are paid an additional pharmacists allowance, then no one will have time for all the extra roles identified by Nuffield, the Government, and the profession. New roles must mean new money.

It is to be hoped that both PSNC and the Government get their sums right both for their contractors and their patients.

New contract cash deal for Christmas?

The morning after the night before — the Pharmaceutical Services Negotiating Committee's annual dinner with new Minister for Health Tony Newton the chief guest and speaker — C&D found the Committee's chairman and chief executive in rude health and determined to cut their 'new contract pound of flesh' from the body corporate of the DHSS. PSNC will insist that negotiations on the new contract — the Regulations to it as well as the guidelines and final remunerative package — are completed by December 19 so that they can be considered by Local Pharmaceutical Committee representatives at their January 11 Conference. And by then PSNC expects the DHSS to have agreed a cut off point for entry to the 'old' NHS contract.

Chairman David Sharpe and chief executive Alan Smith are at one in believing there can be no excuse for the Department of Health failing to meet this deadline. All four cash issues identified by PSNC last week as necessary to restore the balance to the package that was lost when Parliament rested one of the three pharmacy places on the pharmacy practice subcommittee (PPSC) from contractors along with their vote (the non-contractor pharmacist will retain voting rights, p879), can be agreed and implemented without further delay or discussion, they say.

The additional pharmacists allowance necessary to recognise, in real terms, the actual contribution made by particular pharmacies has been debated by PSNC and DHSS for 14 years. "There is nothing further to be said on the matter. We want action," says Alan Smith pointing to PSNC's recommendation on Nuffield's tenth recommendation on the personal control of pharmacies by pharmacists. Inclusion of payment for nil-discount wholesale medicines and a fee related to period of treatment can be made at a stroke and at no cost to the Government, as indeed can the additional pharmacists allowance, he says. "The Government can simply pay out money that is already in the balance sheet in a different way."

David Sharpe emphasises that nil-discount and fee-period changes are "purely administrative procedures" for the Government. "They are simplicity themselves!"

And Alan Smith says an additional pharmacists allowance will encourage employment of a pharmacist in large script volume pharmacies. "Ultimately this will increase costs, but if the profession has taken on additional roles it needs

additional qualified staff to do so." He says the number of pharmacists available within the market would limit this cost.

Under PSNC's proposals the larger pharmacies who do not take on additional pharmacists but continue to use technicians will lose out because they will no longer get 9p per script to meet this cost as they do at present. "Compared to Baroness Trumpington's estimate of a £20m saving from the contract in its first three years, the cost to the Exchequer of additional pharmacists to fill the additional roles identified by Nuffield, the Government in its discussion paper and the profession is 'peanuts'!" Mr Smith says.

At the next meeting PSNC will also be making the point that under any new contract package pharmacists deemed to be either "necessary" or "desirable" by a PPSC should have payment for NHS services made in full by the DHSS and not partially funded by pharmacists themselves, as under the present proposal. "Public funds should fully fund public services," says Alan Smith.

Mr Smith also outlined the limited circumstances for which PSNC envisages relaxation of supervision rules at a briefing for the pharmaceutical Press. Technicians or assistants could hand out repeat prescriptions dispensed while the pharmacists was there, for example, but when he was out of the pharmacy on other NHS business. The Committee was also against any "massive" relaxation of the rules preventing the sale of "P" medicines in the absence of a pharmacist. Any change would mean Medicine Act legislation and there was no time to bring in a new Pharmacy Bill in the near future.

It would also be difficult, if not impossible, to justify the sale of "P" medicines in pharmacies without

pharmacist supervision and not allow sale of the same medicines through grocers or drug stores, for example, Mr Smith said.

It was essential that every script had a pharmacist input. The Committee did not favour the Swedish system where a technician called a pharmacist for advice if the technician believes it necessary. It should always be the pharmacist who decided whether or not additional input by him was necessary Mr Smith concluded.

'Cut off' date is prime target

PSNC will tell DHSS negotiators that, if it was possible to bring in a "legally sound" 28-day transition period for pharmacists and doctors when the Clothier agreement on dispensing was established, then the Government equally was able to bring in a water-tight arrangement for would-be NHS contractors when the new contract is launched.

Chief executive Alan Smith says he cannot foresee any drafting difficulties for DHSS lawyers. And says Mr Sharpe: "I am confident the Government's political will to close the 'cut-off point loophole' is very clear indeed. But it's also equally clear to me that unless the loophole is closed legally water-tight, there will be the possibility of legal action by dissatisfied potential contractors."

Any legal gap that allowed a contractual "coach and horses" to be driven through the new contract would make it worthless to both pharmacists and Government, says Mr Sharpe.

New committees are structured?

New contract applicants will have to first convince a seven-man pharmacy practice subcommittee appointed by the local Family Practitioner Committee that a new pharmacy is necessary or desirable. Any decision it makes is subject by appeal to a similarly composed national committee with the same voting rights, but probably appointed locally from a national pool approved by the Secretary of State.

The make up of the committees, who the members are appointed by, and their voting rights are set out in the table below (right). The structure of the PPSC is, that proposed by the Pharmaceutical Society.

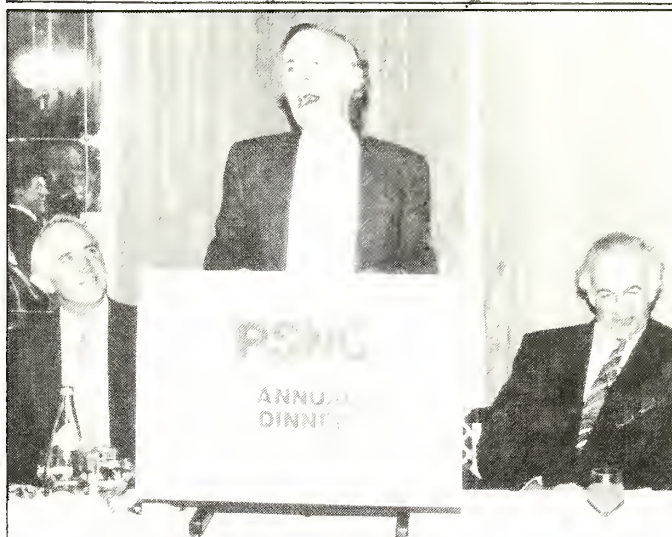
Third pharmacist gets the vote

The third non-contractor pharmacist appointed to the pharmacy practice subcommittee on the recommendation of the Pharmaceutical Society will, after all, be able to vote on whether an applicant for a new contract is "necessary" or "desirable," says Minister for Health Tony Newton.

The two contractor pharmacists on the PPSC will not have voting rights, but Mr Newton told contractors and their guests at PSNC's annual dinner last week that the Government believed these arrangements "... will satisfactorily meet the original objective to balance fairly the interests and needs of local committees, of existing and applicant contractors, of the profession of pharmacy in its widest sense, and of the financial and expenditure interests of the Health Service and the taxpayer."

Mr Newton continued: "We are equally confident that the limitation of entry provision will meet the objectives intended for it during the contract negotiations. We intend that the full negotiated package should be now implemented without any more discussion or delay than is necessary to get the remaining details right.

"In this connection I have noted carefully the Pharmaceutical Services Negotiating Committee's comments on the transitional arrangements and, in particular, on what you describe as the 'cut off point'. This is, of course, an intricate issue which will need to be discussed, in detail, during the consultation period on regulations and guidance. I can understand your anxieties



Pharmacy contractors who are considering taking up the compensation offer made as part of the limitation of contract regulations are asked to turn to the PSNC questionnaire on p881.

PSNC chairman David Sharpe addresses Minister for Health Tony Newton (left). RDC chairman Sir Alan Mar listens (right). Below: PSNC chief executive Alan Smith (left) and chairman David Sharpe (right) appreciate DHSS humour from Mr Newton.

about it, but I can assure you that we would not agree to any transitional arrangement which would reduce the effectiveness of the control of entry provision in the new contract and which would damage the achievement of our fundamental objective of a better distribution of NHS pharmacies in the medium and longer term."

PSNC and DHSS officials would shortly be entering into negotiations to decide on the levels of fees for 1987-88. "There will be a number of important matters on this agenda, including the details of the new remuneration structure agreed in the earlier negotiation, and revised on-cost arrangements," Mr Newton told diners. "Also, I am aware that

your negotiators will wish to continue the discussions on the treatment of nil-discount items, an additional pharmacist's allowance and fees related to the period of treatment. I appreciate your desire to make progress on these issues and I can assure you that they will be given full and fair consideration.

Mr Newton said the DHSS expected to have the results of the discount and container cost inquiries available before this year's negotiations are complete. "I should like to thank those pharmacists who have participated in these inquiries for their contributions and prompt responses. For the first time inquiries will have been mounted and completed within the same financial year. This shows what can be achieved and bodes well for the future."

PSNC and the DHSS would also have on their agenda the very important matter of contractual changes to reflect the decisions on changes in the profession's role following the debate on the Nuffield Report and the primary care consultation. Said Mr Newton: "It will not be an altogether easy agenda to complete. But I think both sides should take confidence from the events of the last couple of years."

In conclusion Mr Newton said the Health Service was about the prevention and treatment of ill health. "The Nuffield Report opens up wider professional horizons for your membership, just as it offers the public a better service.

"We will both fail if the opportunities it offers are not properly exploited. Perhaps I am an optimist; but I don't think we will fail. And I certainly intend that we should succeed."

Pharmacy practice subcommittee

Members	Appointed by	Recommended by	Vote?
Lay chairman	FPC	FPC	Yes
Three lay members; no more than one 'neutral' from any one profession	FPC	FPC	Yes
Two pharmacist contractors	FPC	LPC	No
One non-pharmacist contractor	FPC	PSGB	Yes

National Appeal committee

Members	Approved by	Recommended by	Vote?
Lay chairman	Secretary of State	FPC	Yes
Three lay members; no more than one 'neutral' from any one profession	Secretary of State	FPC	Yes
Two pharmacist contractors	Secretary of State	LPC	No
One non-pharmacist contractor	Secretary of State	PSGB	Yes

No clawback for PI non-users?

The Pharmaceutical Society's Council has asked that pharmacists not using parallel imported medicines be excluded from any measures to reclaim excess monies paid to those pharmacists who have dispensed PIs.

In its interim report on resolutions passed at the Branch Representatives Meeting in May, Council says it could not keep a register of pharmacists not using PIs to ensure they were excluded from future discount clawback schemes designed to recover overpayments for dispensing PIs. This would probably be interpreted as a restraint of trade and therefore unlawful. However, the Council has urged the Pharmaceutical Services Negotiating Committee and Department of Health that any clawback scheme that might be agreed should exclude pharmacists who have not used PIs.

It would be wrong to consider the supply of licensed parallel imported medicines unethical as one BRM motion suggested. But some cases have been referred to the Statutory Committee following the Council statement on unlicensed medicinal products.

Council is not convinced that there is evidence that the Government is using PL(Pi)s as a device to reduce NHS drug costs. Free movement of goods in Europe is allowed and the Government's responsibility is to establish that quality is appropriate.

Opposition to advertising pharmacy medicines on television is in line with Council policy and Council says it will continue to work towards its abolition.

The Society's president has sought a meeting with the Minister for Health to discuss the future development of the hospital pharmaceutical service following the current pay round, in response to a motion calling for action to reverse the marked deterioration in hospital pharmacists' salaries.

Council agrees that the formation of splinter groups that do not represent a specific area of practice is regretted. But Council says that if the membership feels the need for such groups then it probably reflects Council's lack of sensitivity and Council "is determined to improve its communication and relations with the membership."

Council is to contribute up to £3,000 to next year's "National No Smoking Day" campaign to enable twice as much material to be sent to pharmacists than was

distributed this year.

A pilot scheme is to be run next year to iron out problems in paying retention fees by direct debit before the scheme is fully operational in 1988 for all but part-time pharmacists.

Joint antibiotic research begins

Pharmaceutical companies and British universities are joining together in a co-ordinated antibiotic research programme costing £1.4m over the next three years.

The aim of the programme is to use biotechnology to create novel antibiotics, or to improve the efficiency of existing production techniques. Beecham, Glaxo, ICI and Apcel are each contributing £20,000 a year; sums which will be matched by the Department of Trade. The scheme is being run by the Science and Engineering Research Council, who, together with the Biological Sciences Committee, are contributing the rest of the budget. Research will be spread over 11 universities and polytechnics.

The following PL(Pi)s have been notified to C&D since the June 28 supplement.

Whitworth Pharmaceuticals

PL/4423/0089	Vermox 100mg tablet	Mebendazole 100mg
PL/4423/0136	Gaviscon liquid	Sodium alginate
		250mg, sodium
		bicarbonate 133.5mg,
		calcium carbonate
		80mg in 5ml (general
		sale list)



Jamshed Anwar receives a commemorative certificate and a cheque for £1,000 from Stuart Maconochie, managing director, R.P. Scherer, as winner of the company's 1986 Award. Pharmaceutical Society president Dr Geoff Booth attended the Lambeth presentation of Mr Anwar's paper on "The use of equilibrium relative humidity in the selection of a pack for a moisture sensitive product". Mr Anwar is taking a PhD in the solid state stability of drugs at Birkbeck College, London

Contract talks 'a miracle'

National Pharmaceutical Association director Tim Astill has described the contract package as a "miracle of negotiation".

Speaking at an NPA area dinner in Birmingham this week, Mr Astill said it is too early to say to what extent the loss of the contractor vote has weakened the package. "But two years ago, to persuade any government, and particularly this Government, to give us rational distribution would have seemed an impossibility."

Mr Astill said his "guess" as to the date of implementation was March 1, 1987.

On the other major events of 1986 — Nuffield, and the primary health care discussion document — Mr Astill said the consultation meeting on pharmaceutical services, to be carried by Social Services Secretary Norman Fowler on December 10, may well prove to be a watershed for the profession.

■ NPA Board member David Thomas told the audience that the rush of new openings since talks began on the contract had added £35m to the global sum. "Without new openings there is no new money."

ASA upholds mug complaint

The Advertising Standards Authority has upheld a complaint against Crookes Products' administration of a promotion offering two mugs and a 20p voucher in return for a product purchase.

The complainant, who had sent off for the mugs, was sent a booklet instead, as stocks of mugs had run out. Although Crookes proved that demand had exceeded their expectations, the ASA says they should have made clear the possibility of an alternative.

Signed up

Sunderland Polytechnic will be the venue for the fourth and fifth NPA technicians' Summer schools next year.

Over 200 people have signed up for the first year course this year, so NPA training officer Ailsa Benson expects around 150 to attend the course.

Chemist & Druggist 22 November 1986

A weighty headache?

A proposed revision to the Weights and Measures Act could prove to be a headache for community pharmacists.

The Department of Trade is proposing under revised Regulations controlling non-automatic weighing machines that all weights used in connection with such machines should be stamped with an EEC verification mark, in accordance with the provisions of a recent EEC Directive.

National Pharmaceutical Association business services manager John Goulding says that the wording of the draft Regulations seem to suggest that this would apply to weights currently in use, as well as those purchased after the Regulations take effect, probably in Autumn 1987. In a letter to the DTI, Mr Goulding has asked how pharmacists, who are almost exclusive users of Class II non-automatic weighing machines, can ensure compliance with the new Regulations.

"Will local authority inspectors visit pharmacies and do the stamping on site, or should users return weights a few at a time — leaving enough for dispensing purposes — through the post to the inspector's office?" Mr Goulding asks. "Until these questions are answered, it is difficult to assess the practicability to say nothing of the cost and inconvenience of the proposals," he says.

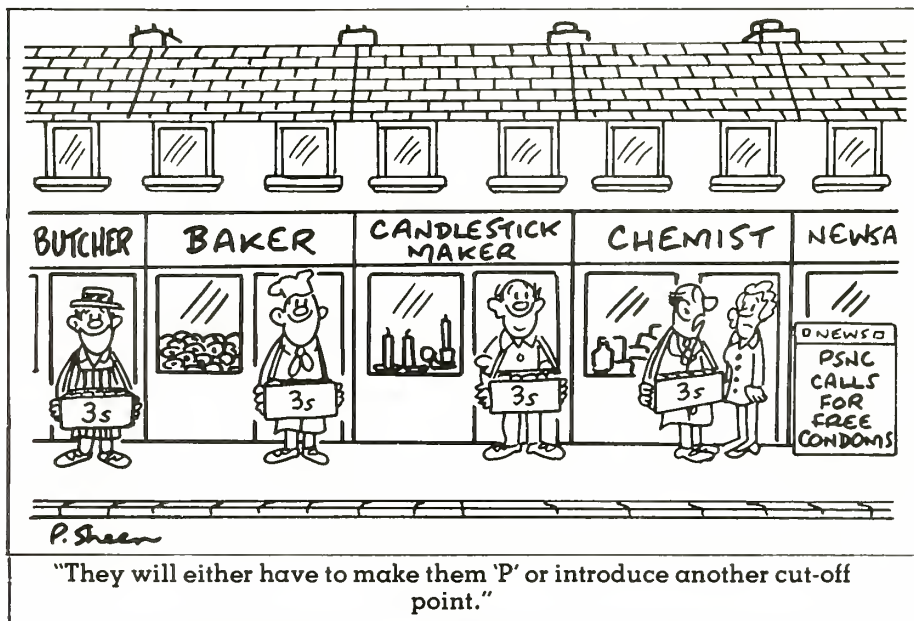
The new Regulations also propose improved tolerances for the balances themselves. Again, Mr Goulding says, it is not clear whether existing balances would have to be modified to comply.

According to NPA balance makers, Denward Instruments the proposed improvement is in the order of 1,200 per cent error and 600 per cent sensitivity. An increase in sensitivity would, say Denward, make weighing an even longer task.

Tests for pill

Thousands of British women are to be studied in an attempt to resolve the dispute about the safety of the contraceptive Pill.

Two studies, costing £2.7m, are being funded by the US Government, which sees the NHS uniquely placed to decide the issue, says the *Sunday Times*. In one, records from 120,000 women will be studied over a 10-year period. In the other, the Cavendish Clinic in North London will offer free health checks to women taking oral contraceptives.



PSNC QUESTIONNAIRE ON NEW CONTRACT COMPENSATION SCHEME

Details of the compensation to be offered to small contractors wishing to relinquish their NHS contract have not yet been received from the Department of Health. The scheme is to be further discussed by the Pharmaceutical Services Negotiating Committee and the DHSS in the near future and it will be helpful to know the number of contractors applying for compensation. If you expect that you will be dispensing less than 16,000 prescriptions in 1986-87 or 1987-88 and you are interested in claiming compensation please complete the form below and return it as soon as possible. Compensation will range up to approximately £24,000 according to the volume of prescriptions dispensed but the business year for calculating compensation (equal to fees, on-cost, and BPA in that year) remains to be agreed in the forthcoming negotiations. All replies will be treated in the strictest confidence.

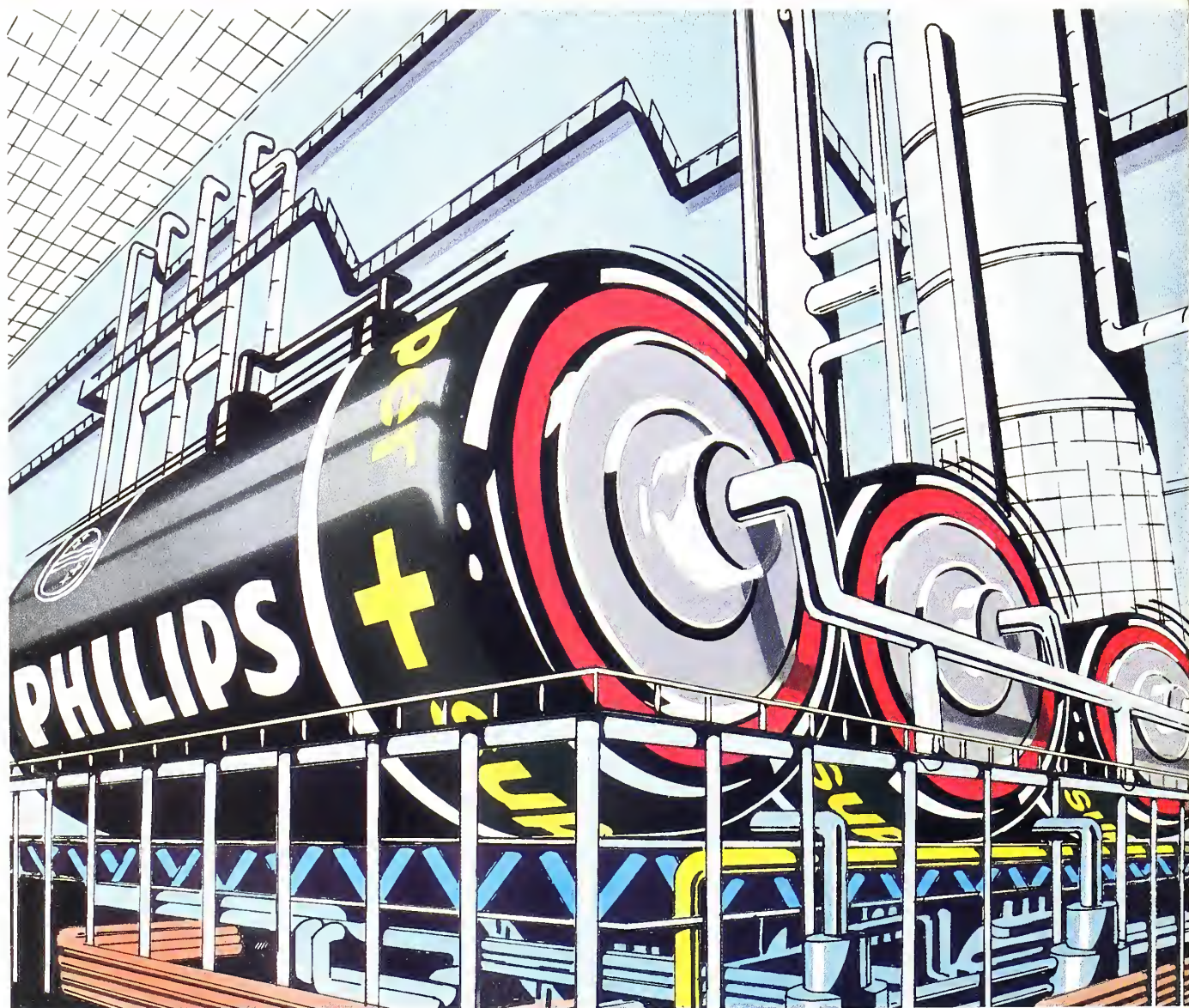
To M.D. Brining Esq, MA FCA
Financial Executive,
Pharmaceutical Services Negotiating Committee,
59 Buckingham Street,
AYLESBURY, Bucks HP20 2PJ

- 1 Name and address of pharmacy the NHS contract for which I am expecting to claim compensation
- 2 FPC to which the pharmacy is contracted
- 3 Tick the year(s) in which you expect to dispense less than 16,000 prescriptions:
Year ending March 31, 1987 ☐
Year ending March 31, 1988 ☐
- 4 State expected prescription volume in the year(s) you have indicated in Qu 3

Signed

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TV role in AIDS campaign

The Government has approached the Independent Broadcasting organisations and the BBC about AIDS advertisements for its public education campaign.

Both television companies agreed that television and radio have a part to play. ☐ Virkon S, a disinfectant about to be launched for animal health use, has been found to inactivate the AIDS virus after tests at Chester Beatty Laboratories.

Tests have also been done at Central Veterinary Laboratory and the Animal Virus Research Institute. The disinfectant was found to kill AIDS virus at a dilution of 1:2000. At a dilution of 1:200 it killed the cells in which the virus grows.

The product is being launched at the end of this month for animal health use. Next year it may be promoted for environmental use by high risk individuals, eg doctors, nurses and dentists exposed to Hepatitis B or AIDS viruses, say Antec, and later next year there is a possibility it could be used for skin protection if a Product Licence can be obtained. The disinfectant comes in powder form (£11.60 a kilogram).

Screen for fat

GPs should be urged to screen their patients routinely for high blood cholesterol levels as well as hypertension, believes a European group of doctors interested in the prevention of cardiovascular disease.

Rather than screening the general population, doctors should carry out cholesterol measurements when patients

first consult them for any reason, Professor Barry Lewis, co-chairman, European Atherosclerosis Group, told a conference in London last week. In this way most of the adult population could be tested over five to ten years. The method would be relatively cheap with no sudden increase in workload.

Patients with cholesterol levels of over 200mg per decilitre should be put on low fat diets (less than 30 per cent total energy from fats, less than 10 per cent from saturated fats) and, if this failed, cholesterol-lowering drugs should be prescribed.

AZT developing "four times faster"

The rate of development of Wellcome's AIDS drug azidothymidine (AZT) has been about four times faster than average, the company said at a Press conference last week giving its 1986 financial results (see p908).

Phase I (tolerance) and phase II (efficacy) studies were done in the USA between July 1985 and September this year. The phase II trials were stopped when it became clear that AIDS patients taking AZT were showing improved survival rates compared with those taking placebo, and the US trials are now being extended to include larger numbers of patients meeting stringent criteria, the major one being that they must have had pneumocystis carinii pneumonia.

■ DHSS officials met representatives of Sterimatic last week to discuss the company's proposals to develop a non-reusable syringe and to consider how such a product might be used for NHS patients.

Design to stop designer drugs

The Government has acted to try to stop the spread of "designer drugs" to the UK.

The proposed controls, laid before Parliament last Friday as a Modification Order to the Misuse of Drugs Act 1971, will, if approved, come into force on April 1, 1987. "Designer drugs" will become Class A drugs, so manufacture or trafficking would attract a maximum penalty of life imprisonment, with production, possession and supply restricted to Home Office licence holders.

Under existing legislation, there is no control over illicitly-manufactured analogues of fentanyl and pethidine, which have appeared in America. The parent drugs are themselves controlled in the USA and in Britain.

Within the Act, control will be exercised by the inclusion of "generic" descriptions of fentanyl and pethidine analogues.

Under the Act...

Carfentanil, lofentanil, certain fentanyl derivatives and certain pethidine derivatives (other than members of those classes already controlled) are to be added to Part 1 of Schedule 2 of the Act. Cathine (except the phenylpropanolamine stereoisomers), cathinone, fencamfamin, fenethylamine, fenproporex, mefenorex, propylhexedrine, pyrovalerone and N-ethylamphetamine are to be added to Part III of that Schedule.

The changes are to be made by Draft Statutory Instrument 1986 (ISBN 0 11 068608 X) Misuse of Drugs Act 1971 (Modification) Order 1986, £0.80 from HMSO.

THE TRIANGLE TRUST

The Triangle Trust 1949 fund is an independent charitable trust administered by a Board of Trustees. Its primary aim is the relief of hardship or distress in the case of people and their dependants employed or formerly employed in the pharmaceutical industry in Great Britain. Such relief may include assistance with educational expenses.

The Trustees will also consider on their merits any applications for assistance beyond the scope of an employer's responsibilities, concerning education or training at recognised centres of study for general or special subjects.

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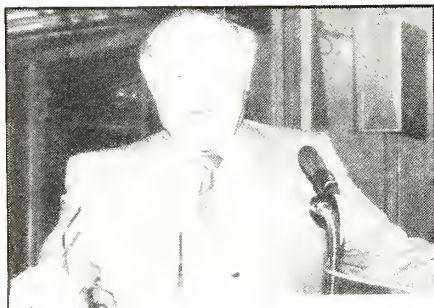
LPCs approve PSNC's Nuffield response

The PSNC's recommendations following discussion on the Nuffield Report and the Government's primary health care Green Paper have been accepted by LPC representatives (last week, p826).

The draft report of the PSNC working group, ratified by the full Committee on November 11, was the subject of PSNC's seminar at the Cafe Royal in London the following day. But by the end of the meeting, changes made by both PSNC and the LPC representatives from the original draft (*C&D* October 25, p684), were minor, and in many cases, semantic. The draft report, recommendations and comments from the meeting will be used as the basis for PSNC's response to the Green Paper, which has to be in by the end of the year.

After passing PSNC's first three recommendations on the importance of new technology, the future professional role and the need for more co-operation with GPs, the first debate followed PSNC's view of Nuffield recommendation 4.

Jerry Shulman (Barnet) said he couldn't understand why PSNC had not



Jerry Shulman, Barnet

supported the registration of certain patients with particular pharmacies. Mel Wood (Salford) agreed. He said that some form of registration might be needed as pharmacists took on additional roles with particular expertise. PSNC chief executive Alan Smith said the Committee agreed that encouragement should be given to certain groups to register. PSNC's recommendation opposed mandatory registration, which, he said, had a lot of practical problems. The meeting agreed the wording as it stood.

With regard to the provision of

pharmaceutical services to nursing homes and other residential establishments (Nuffield recommendation 5), Miall James (Essex) pointed out such services were already being provided to some establishments. "But some private hospitals are saying the the prices quoted are varying enormously. Isn't it time for some costing guidelines?"

The idea of a good practice allowance was the cause of some debate. Miall James was in favour, but asked whether a GPA would be tied solely to the premises or also to the pharmacist himself. In the field of health education (Nuffield 6), Mr James argued, good practice involved the pharmacist. Ian Simpson, a district pharmaceutical officer (Oxford), said that before a GPA could be discussed, research was needed to determine how much counselling and advising was being done.

Frank McCandlish (Lancashire), a health authority member, said that he was always shocked that pharmacists were the last people thought of as health educators. "The reason is that professional health educators feel we are more interested in the other merchandise," he said. "We have to be seen to be interested in doing the job, and the sooner we start, the better."

In reply, Alan Smith said that unless there was some kind of allowance, pharmacists would be less inclined to devote space to, say, education. "PSNC is in favour of education but it must be remunerated," he said. The Committee's recommendation — the idea of a good practice allowance or individualisation of premises — kept the options open. The seminar accepted the recommendation.

PSNC themselves changed the suggested "points system" method of introducing a practice allowance for remuneration (recommendation 9) to a merit system. Miall James wanted to know how such a system would operate in practice: "Would it be tied to the pharmacist working in a pharmacy as well as to the premises," asked; LPCs represented both contractors and employees.

PSNC chairman David Sharpe said there needed to be a great deal of discussion within the profession as to how such a scheme would operate. And contractors would have to approve any system before implementation.

The temporary absence of a pharmacist on other professional duties presented problems for Colin Cresswell (Bucks). "If



Ken Sims, Dorset

you consider that patient safety is of prime importance, then the provision of an additional pharmacist allowance must be priority," he said, to much applause.

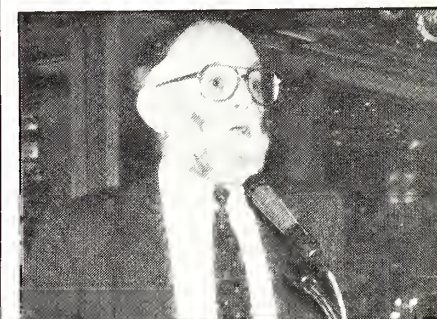
John Anderson (North Tyneside) was concerned with PSNC's view that flexible hours needed to be considered when thinking about providing additional services. One pharmacy in his area had become two part-time pharmacies recently with the new pharmacy situated in a health centre. "It will be unfair if a creaming-off of prescriptions should occur. We feel that the shortening of hours of low-volume pharmacies needs watching," he said.

Alan Smith said that PSNC wanted to encourage the employment of an additional pharmacist where the workload justified it. Low-volume dispensing pharmacies could use flexible hours to enable the pharmacist to take on extra roles.

PSNC's "general support" for Nuffield's recommendation that the Society concern itself more with the training of technicians and ancillary staff was "passing the buck", said former PSGB president Dr Hopkin Maddock. Somebody, somewhere, has to pay for such training, Dr Maddock said, and he urged the negotiators to try to get an appropriate allowance for training purposes.

David Sharpe said that PSNC would co-operate in any way possible to support the Pharmaceutical Society's activities. He promised to take Dr Maddock's comments back to PSNC for discussion.

Miall James drew the seminar's attention to a possible conflict between Nuffield's recommendation 18 — that the range of services to be offered under the NHS



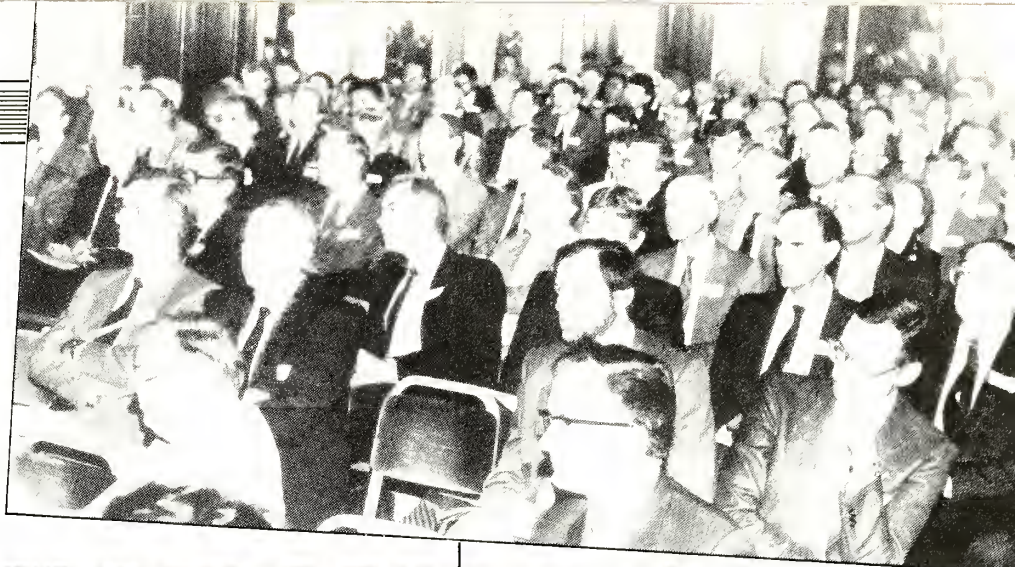
Dr Hopkin Maddock

contract should be decided by the pharmacy owner and pharmacists recommendation — and 23 — that the contract should continue to be with the pharmacy owner.

David Sharpe said that PSNC had only "noted" Nuffield 23. "In reality the NHS contract is likely to stay with the pharmacy owner," he said. Alan Smith pointed out that two years ago the LPC Conference had actively rejected the proposal of a joint NHS contract.

Ken Sims (Dorset) questioned the apparent differences between chief executive Alan Smith and chairman David Sharpe about the value of the new contract in its amended form. Mr Sharpe admitted there were strongly held views as to the value of the new contract. "But both of us support the roles outlined by the PSNC. We have to go along with what we have now."

Alan Smith said that, in his view, the changes the Lords had made had swung the advantage from the new contract in favour of the Government. "And not just the chairman and myself, but the whole of PSNC is united to swing the balance back in favour of contractors." On a show of



PSNC members (front rows) and LPC representatives listen to the debate (top). PSNC chief executive Alan Smith and chairman David Sharpe confer on a point of interpretation (bottom).

hands the seminar agreed to "note" Nuffield 23.

The working party, in its deliberations on the Green Paper, noted that many of its recommendations flowed from Nuffield. In

its report PSNC made scant reference to the actual content in many cases, merely "welcoming" the content of the Report. The seminar backed PSNC's stance on the Green Paper, with little debate on content.

SHAMPOO LEAGUE

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Palmolive

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MAY/JUNE '86

When we altered the formula, redesigned the pack and changed the price, we wondered if we'd still be here next month.

*Source: Independent consumer audit (litre shares)

Londoners reject contract

The City and East London Area Contractors Committee has gone one further than the Northern LPCs and urged rejection of the conference package.

At a meeting on November 11 the Committee unanimously agreed to send the following letter to the Pharmaceutical Services Negotiating Committee: "Due to the importance and implications of the events which have taken place in Parliament since October 31, we wish to submit the following 'emergency resolution' for the conference to be held on January 11, 1987: 'The new contract as amended by Parliament bears so little resemblance to the original contract envisaged in June 1985 that the City and East London Area Chemist Contractors Committee proposes that this Conference reject it out of hand.'

PSNC video on the road

LPC secretaries in England and Wales have this week been sent copies of the PSNC video "Your health and your chemist".

PSNC is keen to have the video shown to as wide an audience as possible and recommends LPCs to tell organisations of its availability. Speakers' notes and an order form for the tape/slide version (should video facilities be unavailable) are included.

Ganda 5 recall

Smith & Nephew are recalling Ganda 5 + 0.5 and Ganda 5 + 1.0 eye drops. The company has voluntarily withdrawn its licences.

The decision follows recent reports of corneal scarring in a small percentage of patients with severe glaucoma who have been using the high strength Ganda for a prolonged period. The recall does not affect Ganda 1 + 0.2, for which there have been no reports of this type, or Ganda 3 + 0.5 for which there has been one report. The Data Sheet for these is being changed to recommend that patients on long-term treatment should be carefully examined every six months.

Pharmacists should return stocks to wholesalers for credit.

Left out . . .

When I checked over my monthly figures last month I certainly knew I'd been left out. They were disastrous!

In scratching around for an answer I have come up with the only possible reason, apart from a sudden and grotesque rejection of my charms by my locals: it lies in the simultaneous opening of an out-of-town shopping centre and the closure of a couple of shops on my parade. The traffic has altered. My scripts are OK, just the counter is down. It's a problem, and one which demands thought.

Is it, for example, worth stocking the wide range of cut-price toiletries any more? Have I too many different varieties and variations on a theme so pressed on us by the manufacturers? It's not so much help I need, as the time to sit down and analyse my sales and stock so I can make the right decisions. Is it worth refitting at about £20,000? Should I advertise? Should I take up religion?

But while I may feel just the teeniest bit left out from my customers' buying plans, the thought that instant computerised cash transfer, now imminent as a prospect for shoppers, may suck yet more of them out of my clutches, does not delight me. As the National Pharmaceutical Association's Tim Astill says, small independents like me may miss the boat altogether unless we can get in on the act from the beginning. I hope the NPA will be able to make it fairly easy for us.

Already a number of retailers have joined schemes run jointly by the Bank of Scotland and building societies, under which most of their bills can be paid without cheques via some sort of television telephone linking. It seems to me it should not be too difficult for us to extend the already established patterns of electronic ordering to take in this sort of cash transfer by means of automatic telephone link-up two or three times a day?

Contract blues

I can't help laughing at the lovely way all the journalists and commentators use words like "PSNC swallows Lords decision on PPSCs" as if to imply that somehow the Committee had the power to do something other than accept the will of Parliament. All the PSNC can do is its utmost to try and persuade the men who actually make the "power decisions" to see the point of what we want. Our views and aspirations are, by their very nature, seen as prejudiced, which they are.

There are other ways of looking at the provisions of NHS services, and these

decision makers need to be further informed if the rationale of what we want is to be accepted. And so, while we may be profoundly disappointed that delays forced on rapid adoption of the contract by various opponents appear to have robbed us some of the benefits we hoped would follow, the PSNC is bound to continue negotiating.

Some no doubt are crying "Ra Ra" at the thought of the mayhem their sabotage has caused. Others, including myself, are apprehensive at what we have lost, and the damage yet pending unless something can be done to prevent it.

At my level, as an ordinary contractor pharmacist, there isn't a lot I can do about it. Like everyone else I read the pharmaceutical Press. Letters like those of Jayanti Patel, Midlands chairman BPA, who with unconscious humour last week suggested the PSNC had been left with a malignant growth! Dead right! It was your campaign. The one which opened the door to at least 700 leapfroppers and maybe another 300 poised like vultures stacked over Heathrow. I despair of his ultimate sweeping assertion, that all we have to do for a pharmaceutical heaven is for us to throw out the contract and adopt Nuffield — as if this were within our grasp!

Having read Mr A.M. Tweedie's long letter about six times I still find myself wondering what he is saying. He doesn't tell us what he suggests we should do, and the consequence of that action. Instead he exhorts us to be resolute, stand our ground, and not be panicked by ill-informed opinion and poor negotiation. If he is suggesting our negotiators are no good, then no doubt we shall read the report of his loud protestation and call for a vote of no-confidence in the PSNC at the seminar of LPCs last week (p884).

Condom-inium?

I had to look the word up. It means joint control of a state's affairs vested in others. It is certain that this state wants the control of AIDS to be seen as a priority of national importance. For once there is no pussyfooting around a difficult problem for reasons of delicacy.

It is apparent that the unprecedented freedoms from sexual constraint since the Pill are about to be diminished, for the one reason which really matters. FEAR!: I find it ironic to hear it suggested seriously that the condom should be given away free as a means of preventing the spread of a killer disease, when within my memory, sales of it were conducted as a furtive under-the-counter affair devoid of any respect for the men and women who were in fact acting with responsibility . . .



Philips' mains event . . .

Philips have launched two mains-operated Philishave models with a cleaning system.

The three independent heads are contained in a removable frame; the individual heads then slide out for cleaning. The de luxe mains model HP 1608 features a new "comfort control" system, with a direct drive belt round the shaving head for the floating heads.

Both models are triple-headed, double-action shavers, with automatic voltage selection, and feature a new "slimline" design. Model HP 1608 (£42.95) features blue graphics on a silver



background. The HP 1607 (£29.95) is matt black with green graphics.

A selection of Philishave and Ladyshave products is now available in a co-ordinated range of blister packs: models HP1337, HP1615, HP1220, HP1722A (Tracer) and HP1622B (Tracer) in the Philishave range, and in the Ladyshave range, models HP2611, HP2602 and HP2603. *Philips Home Appliances, City House, 420 London Road, Croydon CR9 3QR.*

Chemist Brokers no longer distribute Drink 10, Highland Spring, Vanish and Slimcea. *Chemist Brokers Ltd, Milburn, 3 Copsem Lane, Esher, Surrey KT10 9EP.*

Warming up for Winter

A range of Winter sun products based on "natural" ingredients and not tested on animals is offered by the Hair Company.

The products include sun-tan cream, sunburn treatment, several moisturising creams, cold sore treatment, and foot lotion. The range is designed to sell on the effectiveness of the products, with packaging kept very simple. *The Hair Company, 6 Rockbank Street, Glasgow G5 9JB.*

Frenchie Cosmetics' budget price colour cosmetics range has been extended with the introduction of an eye shadow collection. Sixteen eye shadow colours and two double-ended applicators are included in the collection which is presented in a black box with metallic blue print. It incorporates a mirror in the hinged lid (£5.99). *Frenchie Cosmetics, 500 Chesham House, 150 Regent Street, London W1R 5FA.*

SHAMPOO LEAGUE

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Palmolive

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We weren't.

JULY/AUGUST '86

You only have to look at a bottle to see how much we've done for Palmolive shampoo.

New packaging, new fragrances, new formulae and a new TV campaign.

You only have to look at your sales to see what it's doing for you.

Best-selling brand for the first time ever,* which means more profits for you.

And you'll only have to see our next move to be sure we're going to stay on top in hair care.

Watch this space.



*Source: Independent consumer audit (litre shares).

WHO WOULD
YOU EXPECT
TO INTRODUCE
——THE——
OVULATION
PREDICTOR
TEST YOU CAN
REALLY TRUST?♀

New from the makers of Tampax[®] FIRST RESPONSE[™]

■ A major breakthrough – with over 250,000 satisfied customers already behind it.

■ The leading Ovulation Predictor test world-wide.

■ From Tampax, the leading name in feminine hygiene – a name women really trust.

■ Uses the latest mono-clonal antibody technology – a simple urine test gives results over 99% accurate in only 20 minutes.

■ Brings new hope to over two million UK couples trying to conceive.

■ £¾ million promotional spend in the next 12 months.

■ Detailing to medical and

paramedical audiences by the specialist Tambrands advisory team.

■ Full marketing support to consumers – extensive coverage through advertising and POS programmes.

■ Major PR programme in national TV, Radio and Press.

■ Millions of product endorsements – 1 in every pack of Tampax sold.

■ Free consumer telephone advisory service.

■ High profit opportunity.

■ Available through your wholesaler or Tambrands representative.



FIRST RESPONSE[™]

TAMBRANDS LIMITED, DUNSBUY WAY, HAVANT, HANTS PO9 5DG.



Fill a villa with Mirair

Chesebrough-Pond's are running their, biggest ever promotion on Mirair room fragrance with an on-pack competition to win outright ownership of a Spanish villa.

The competition, which includes a tie-breaker, and marks the end of the product's launch year, is featured on the reverse of "pop-up" inserts on all Mirair fragrances (£1.89). It will be supported by colour advertisements in *Woman*, *Woman's Realm*, *TV Times* and the *Sunday Express* magazine throughout December.

The closing dates for entries is March 31, 1987, say *Chesebrough-Pond's Ltd*, PO Box 242, Consort House, Victoria Street, Windsor, Berks SL4 1EX.

Spot the TV commercial

Beechams are supporting the Oxy range of spot treatment by repeating their Summer television commercial entitled "Blitz those zits."

Advertising will appear in all major television areas for three weeks, say *Beecham Proprietary Medicines*, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.

Soap without cruelty

Beauty Without Cruelty are launching a new beauty soap (100g £1.25) and a facial cleansing bar (75g £1.95).

The beauty soap is made entirely from palm and palm kernel oils and designed to be gentle and long-lasting. It is scented with BWC's Yolanda fragrance, the most popular of their three fragrances, say the company, and is coloured pink.

The new facial cleansing bar is unperfumed, ph-balanced and non-irritating, says BWC. Neither of the products has been tested on animals or

uses animal ingredients. *Beauty Without Cruelty* 37 Avebury Avenue, Tonbridge, Kent TN9 1TL.

ON TV NEXT WEEK



GTV Grampian	U Ulster	STV Scotland
B Border	G Granada	(central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	Bt TV-am	TT Tyne Tees

Actifed linctus/expectorant: All areas except Ulster
Askit powders: GTV, STV
Beecham hot lemon/blackcurrant: All areas
Benylin Day & Night: Y
Benylin expectorant/paediatric syrup: All areas, C4

Complan: All areas
Hills Balsam: C, TTV, C4
Jerome Russell products: All areas, Bt
Karvol: All areas
Lipcote: G
Listerine: All areas
Mentholiptus: All areas
Nurofen: All areas
Oxy: All areas
Peaudouce: Bt
Polaroid Image System cameras: All areas
Sanatogen vitamins: All areas
Simple skin care: TTV, C, TVS, G, A
Sinutab: All areas
Simplicity: All areas, C4
Strepsils: All areas
Vantage: All areas
Yardley Chique, Lace, White Satin Pure Silk and Gold: All areas

Spray away for Christmas

House of Matchabelli have put together three consumer promotions for their fragrances.

Cachet will be available in a 20ml eau de toilette spray packaged in a Christmas gift carton (£3.95), and also in a 35ml eau de toilette spray with a special "tortoiseshell" cap (£3.95).

The re-vamped Night Musk will be on offer in a 25ml uncartoned eau de toilette spray in Christmas wrapping (£3.45), while Pastale will be available in a 15ml trial size eau de toilette spray. *Prince Matchabelli*, PO Box 242, Consort House, Victoria Street, Windsor, Berks SL4 1EX.

Something to chew on

The oral hygiene market is one of great potential says Market Assessment's Oral Hygiene report, but in the short term will probably show only modest growth.

Toothpaste sales seem to have suffered from people putting less on their toothbrushes, volume sales of which remain virtually static despite their potential to double, say Market Assessment. Similarly the predicted volume increase in battery operated toothbrush sales has yet to occur. They account for 1 per cent of the £157m oral hygiene market in 1985 — as in 1978.

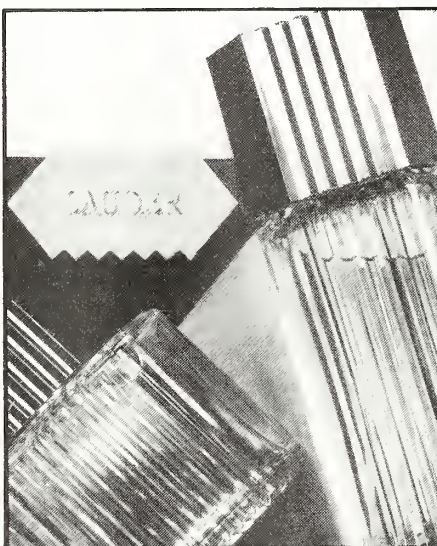
With people keeping their teeth longer there has been a decline in denture cleanser and fixative sales worth around £23m and £6m at rsp, respectively.

There is some good news in the mouthwash sector however, a sector still dominated by chemists and still growing, say Market Assessment. *Oral Hygiene (1986 report)* £185 from Market Assessment Publications Ltd, 2 Duncan Terrace, London N1 8BZ.

Double vision

Image are running an offer on BASF videos, marketing twin packs of VHS E180-EQ (£7.99) and VHS E240-EQ (9.99).

And by sending two proofs of purchase from twin packs and £2.99, with a coupon from the Image Christmas brochure, consumers can get a BASF VHS E180-EQ, so making an additional saving of £3. Distributed by: *Sangers Photographics plc*, Priory House, Pitsford Street, Birmingham B18 6LX.



Estee Lauder have launched a new men's fragrance range, *Lauder for Men*. It will be exclusive to Harrods until September 1987. Packaged in olive green and gold, the range includes cologne spray, after shave, deodorant spray and fragranced shave foam. *Estee Lauder Cosmetics Ltd*, 71 Grosvenor Street, London W1X 0BH

Drawing the crowds

Opportunities to win a "Wellcome Break" from the pharmacy are on offer in a series of draws run by Wellcome Consumer Division.

The draws offer short holidays in Europe — with the cost of a locum thrown in — and for a slightly shorter "break" from the shop, coffee makers and mugs!

Pharmacists displaying Wellcome cough products throughout November, December, January and February will be eligible for the monthly draws. New display material is being provided, which links up with television advertising for the products currently running and continuing until March. *Wellcome Consumer Division, Crewe Hall, Crewe, Cheshire CW1 1UB.*

Hard cash off soft drinks

Robinsons are running an on-pack promotion offering consumers money off their next purchase of Robinsons' soft drinks.

On one, two and three litre bottles of orange, apple and blackcurrant, orange lemon and pineapple, and Special R, consumers are offered 10p off 1l, 15p off 2l and 20p off 3l sizes of their next purchase.

The offer runs until Christmas. Distributed by: *Colman's of Norwich, Carrow, Norwich NR1 2DD.*

The condition of shampoos

Over 90 per cent of men and women use shampoo, and over 70 per cent a conditioner — with 7 per cent of women and even more men washing their hair more than once a day.

These figures, according to Retail Business' special report, reflect the increased use of hairstyles, such as the wet look, which require more frequent washing, the more frequent use of showers and more attention to personal appearance.

Although shampoos still take the largest share of the hair care market, this is declining, says the report, which could be explained by the trend towards one wash shampoos.

The production of shampoos and

conditioners in the UK has risen from £83m to £128m since 1981. The market for non-medicated shampoos is growing faster than for medicated, says the report, which attributes this to increased emphasis on condition, colour and lifestyle, rather than the usual normal, greasy and dry distinctions.

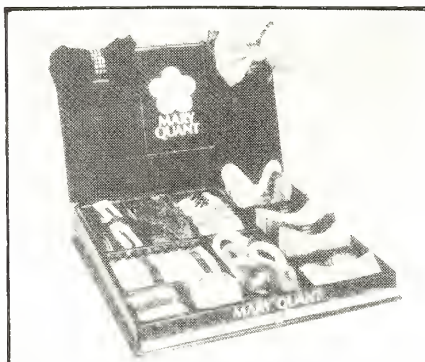
Elida Gibbs, boosted by the success of Timotei, claims brand leadership in both shampoos and conditioners, with Procter & Gamble and Beecham following closely behind in the shampoo sector, and Alberto Culver in conditioners.

Boots the Chemist remain the single largest retailer of shampoos and conditioners, while grocers are the leading general retailer. And while the chemist's share of the shampoo market has marginally declined since 1983, the report says their share has held well considering competition from drug stores.

The amount spent on advertising shampoos fell last year, while advertising for hairdressings, like conditioners, mousses and gels, increased by 119 per cent, it says.

Packaging is seen as an important marketing factor, with a general increase in pack sizes over the last five years. This is partly to encourage individual purchase, claims the report, but is also due to increased distribution through supermarkets and drug stores which tend to prefer larger sizes.

The report foresees a 7 per cent increase in the shampoo market next year, and over 10 per cent in the conditioner market. Report in *Retail Business*. Available from: *The Economist Intelligence Unit, 40 Duke Street, London W1A 1DW.*



Mary Quant haircare are introducing a new range of display units featuring selections from the haircare range. A merchandiser has been created to make a more permanent display of the new headband range. And for the first time, Mary Quant haircare will be available uncared in a colour co-ordinated counter vac-formed unit. *Laughton & Sons Ltd, Warstock Road, Birmingham, B14 4RT*

Lip service from Lauder

Estee Lauder are introducing Featherproof lipstick, described as a primer and lip colour in one.

The lipstick has a contoured tip designed to follow the shape of the lips precisely. The company says it solves the problem of "wayward" lip colour — colour that spreads outside the lip line — even on very dry or lined lips.

It comes in ten shades, in both velvety and shimmery finishes, and is presented in a fitted gold column with a suedette sleeve. *Estee Lauder Cosmetics Ltd, 71 Grosvenor Street, London W1X 0BH.*

Swings and roundabouts

Disposable nappies and fragrances will show the highest growth among the personal care markets for the next decade, says a new report. But the news is not so good for home perms, which are set to decline because of competition from setting agents.

Disposable nappies feature in the report's top 50 growth markets, along with travel sickness remedies, but it is predicted that both will have dropped a few places by the end of the decade due to "increasing saturation". Fragrances, the report says, will "emphatically reverse" the previous decline in sales, aided by an increase in discretionary spending and a move towards more overtly feminine fashions.

Toothbrushes and setting agents are among the markets set to show steady growth, while hairsprays are predicted to decline. *Market Forecasts*, (two volumes, £250) *Market Assessment Publications Ltd, BLA Group, 2 Duncan Terrace, London N1 8BZ.*

Bear legs

Bear Brand have introduced six new shades into their Elegance range of 15 denier one size tights.

Selected to complement the strong fashion colour statements of this Winter, the new shades are red fox, a deep russet; nearly black; blue grass, a sea jade; midnight, a dark blue; grey mist; and pink plum, a rich damson. A new pattern has also been introduced, called Dots. *Bear Brand, 93 High Street, Bromley, Kent.*

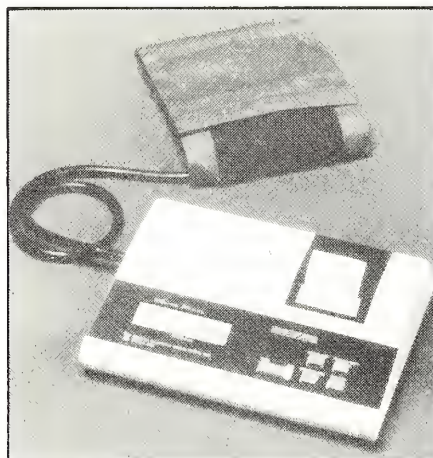
Low dose aspirin

Bristol-Myers Pharmaceuticals are introducing a low dose aspirin preparation, Angettes 75, for sale through pharmacies only. Each orange-flavoured tablet contains aspirin BP 75mg, and a pack of 50 retails at £0.99. Full prescribing information is available from *Bristol-Myers Pharmaceuticals, Swakeleys House, Milton Road, Ickenham, Uxbridge.*

Drink to diet

Dietade Foods have reformulated their natural food supplement drink Emprote, to include fibre, vitamins and minerals.

Emprote (£2.17, ten servings), which is mixed with water or milk to serve, contains no added sugar or artificial additives and can be taken by all ages except babies under one year, says the company. And one cup of the drink provides the average adult man and woman with about a quarter of the necessary daily intake of protein, say *Dietade Foods Ltd, 325 Oldfield Lane North, Greenford, Middlesex UB6 0AZ.*



A range of electronic blood pressure monitors are now available from The Surgical Services of London. The monitors range in price from £35 to £140, with the more sophisticated models providing print-outs of the information. They are aimed at the busy executive. *Surgical Service of London, Standard House, Banks Lane, Bexleyheath, Kent.*

For you, honey

During December, Independent Chemists Marketing Ltd are offering retailers a free three-hour VHS video cassette with every four cases of Sunpure honey; a special offer of one dozen of each Numark day cold relief and one dozen of each Numark

night cold relief presented in a free shelf merchandiser, and a 12 for the price of ten deal on Numark cough relief plus special Christmas savings on Nuwarm deluxe quilted and luxury covered hot water bottles (45p and 36p off respectively).

There are other consumer savings on: Nusoft terry nappies, all-in-one toddler, kitchen towel, all-in-one child size 12s nappy clean, baby bath and baby oil, baby shampoo, medicated nappy liners, baby lotion, sanitary towels super, pull on pants, toilet, bath and triple sponges, marble sponge, baby powder, Sunpure honey (set and clear), decaffeinated coffee, Nusoft sanitary towels super, double strength sterilising liquid, Nuhome washing-up liquid and aluminum foil and Nusoft baby sponges.

Bonuses are available on all the above products, plus 7½ per cent on Nucross saccharin tablets 500s and soluble aspirin 50s, 10 per cent on paracetamol 100s, sodium bicarbonate 200g, surgical spirit 200ml, codeine linctus 100ml and citric acid 50g. Flash, Nucross medicated pastilles, tablet cartons, Numark toilet tissue twin pack and Numark medicines and indigestion tablets also carry bonuses. *ICML, 51 Boreham Road, Warminster, Wills.*

From Unichem...

Unichem's next "Passport to riches" promotion runs throughout December 1986, featuring: Andrex; Cosifits; Do-do tablets; Durex; Elnett hairspray; Kodacolor film; Loving Care; Osterfeed; Ostermilk Complete Formula; Ostermilk Two; Rennie; Resolve; Simplicity; Steradent; Toni perms; Vidal Sassoon original salon formula.

Profit power items are: Actal; Alberto Balsam conditioner and shampoo; Alberto Natural Silk Range; Alberto VO5 shampoo; Canderel; Cussons Pearl soap twinpack; Cuticura Mildly Medicated foam bath and Medicated soap; Denim; Dr Whites Fastidia and looped towels; Duracell batteries; Eno and Eno lemon; Farleys Breakfast Timers; Freestyle mousse; Handy Andies; Harmony Colourant; Hemocane; Imperial Leather foam bath; Imperial Leather Gold shampoo; Libra panty liners trifold; Lilia press on towels; Limara body spray; Lipcote; Lynx deodorant body spray for men; Macleans sensitive toothpaste; Medijel gel and pastilles; Nailoid nail care; Nurofen; Palmolive shave creams and sticks; Ponds cream; Pro Plus; Radox moisturising range display unit; SR toothpaste; Scotties Mansize and Triply; Settlers; Simplicity Brevia Stowaways and Tampons; Sinutab; Special Recipe diabetic chocolate; Stylite gel and mousse; Timotei shampoo banded with conditioner; Topol smokers toothpolish; Trugel; Vitalia multivitamins with minerals; Whistling Pops; Whistling Pops/Chupa Chups sherry pack; Zincold 23.

Sundries available are get well cards and Pur products. Unichem products available are: tablet cartons. *Unichem Ltd, Cox Lane, Chessington, Surrey.*

Savlon savers

Care Laboratories are offering Savlon baby bath (250ml) and shampoo (250ml) flashed at £0.89, and twin pack baby soap at £0.69 until the end of the year. New promotional literature includes advice on Savlon and Siopel. *Care Laboratories Ltd, Lindow House, Beech Lane, Wilmslow, Cheshire.*

Disprol display

Junior Disprol is being supported for the first time with television advertising. The commercial, which promotes the product as the only children's paracetamol brand in suspension and soluble tablets, is running for five weeks in London, Yorkshire, Tyne Tees and Scotland.

It is also being supported by colour advertisements in women's magazines, including *Parents, Mother & Baby, Family Circle* and *Women's Own*, say *Reckitt & Colman Products Ltd Pharmaceutical Division, Dansom Lane, Hull HU8 7DS.*

PRESCRIPTION



SPECIALITIES

Norton add two

Co-dydramol tablets are now available from N.H. Norton. The white, flat-bevelled edge tablets are packed in 500s (£8.36 trade). White, convex dihydrocodeine 30mg tablets (500 £15.53) are also new. Special introductory offers are available from *H.N. Norton & Co Ltd, Patman House, George Lane, South Woodford, London E18 2LS.*

Bolvidon pack formats are changing to give greater prominence to the generic name. "Mianserin" will also appear on the back of individual blisters for the first time. The new packs will be distributed from December 1. At the same time, a 56-tablet Bolvidon 20mg pack (£7.32) will replace the 63-tablet pack, and a 28-tablet Bolvidon 30mg pack will replace the 42-tablet pack (£5.49 both prices trade). *Organon Laboratories Ltd, Cambridge Science Park, Milton Road, Cambridge CB4 4FL.*

Ortho Cilag's offer to credit Suprol 200mg capsules will expire on December 19. Remaining shelf stocks should be returned to wholesalers for credit by that date. *Ortho-Cilag Pharmaceutical Ltd, PO Box 79, Sanderton, High Wycombe, Bucks.*

Amiloride tablets are now available from Wyeth. The yellow, round tablets (100 £6.58) are unmarked. *Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks SL6 0PH.*

Zovirax cream has been licensed for use in shingles, say *The Wellcome Foundation Ltd, Crewe Hall, Crewe, Cheshire.*

Chemist & Druggist 22 November 1986

SPRAY ON HAIR COLOUR

As Seen On
TV

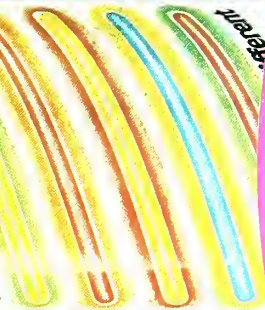
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THIS MAN'S
COLD
WILL SWEEP
BRITAIN
IN
30 SECONDS



That's the length of the Fisherman's Friend television commercial.

When it was first launched last winter, people all over the country took our ailing hero and his girl to their hearts, and Fisherman's Friend to their throats.

Sales went from strength to strength. Which is where they'll be going again this year.

Following the lead of so many TV successes, we're giving our commercial a repeat showing.

The addition of an adshel poster campaign should catch the attention more than ever, at the time of year when people most suffer from colds.

We'll be able to catch them in their homes or on the street, and haul them into your shop after Fisherman's Friend. They'll be casting around for Original Extra Strong or Aniseed flavour or both. And both is what you should display.

Because with so much support behind Fisherman's Friend this winter, people will keep coughing up for them.



DOUBLE TROUBLE for head lice

SULEO-M
malathion
lotion

Derbac-M
LIQUID
with MALATHION



The two ways to tackle headlice

FAST ACTION When rapid eradication is required, Suleo gives 100% kill of both lice and eggs in just two hours. Suleo combats resistance too. Choose Suleo-M (Malathion) or Suleo-C (Carbaryl), whichever your local health authority recommends. And now both lotions come in new family-sized economy packs, while Suleo Shampoo is available whenever an alternative to lotion is required.

GENTLE ACTION Alternatively, when compliance may be suspect recommend Derbac because its aqueous base provides correct treatment where broken skin (eczema, impetigo, etc) is a problem or where asthma contra-indicates alcoholic lotion. In addition, Derbac Liquid (with Malathion) is the ideal solution for the treatment of crab lice. There's also Derbac Shampoo (with Carbaryl), Derbac Soap and the Derbac Metal Nit Comb.

SULEO & DERBAC Effective treatment for head and crab lice



More guaranteed products from
International Laboratories
International Laboratories Ltd., Wilsom Road,
Alton, Hampshire GU34 2TJ

*Suleo Lotion is also available as Suleo-C with Carbaryl.

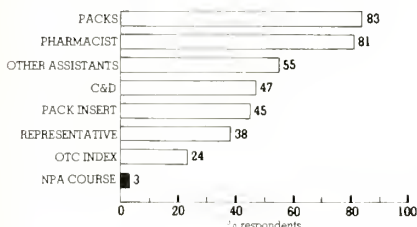
...and what about pharmacy assistants?

Pharmacy assistants feel they have an increasingly important role in the selling of Pharmacy medicines. But while they regard the pharmacist as the most important source of information on the medicines they sell, their most common source of information is from the packs themselves, according to a survey carried out by Janssen Pharmaceutical.

While assistants are at the sharp end of community pharmacy, little research on their training, job involvement and knowledge appears to have been done, Helen Coldwell, of Janssen's marketing department, told a group of pharmacy superintendents at a seminar at the company's Belgian headquarters last week. The results of her survey are given below.

Results

From which sources have you learnt about counter medicines . . ?



Approximately the same number of assistants have learnt about medicines by reading the packs as from the pharmacist. Other assistants are quoted as being an information source by 55 per cent of the sample. The *Chemist & Druggist* is an important source of information which suggests that some reference book is called for. Only 3 per cent found a National Pharmaceutical Association course a source of learning about counter medicines.

... and which of these sources of information is the most important?

The pharmacist is regarded by most assistants (56 per cent) as the most important source of information about counter medicines. A further 23 per cent find a pack the most important source of information. The remaining 21 per cent of the sample gave a variety of answers.

Have you been on a training course?

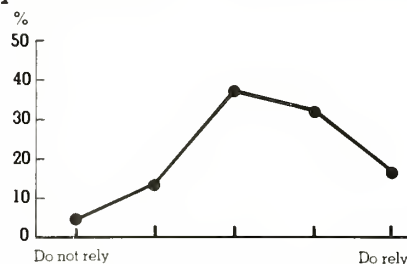
Of the sample, 80 per cent had not attended a training course of any description. The remaining 20 per cent had attended courses ranging from in time from

three hours to a two week course (one person). The majority of courses lasted no more than three hours. No mention was made of the NPA training course. It seems the assistants do not have any formalised training.

Since the "ask your pharmacist" campaign, what changes, if any, have you noticed in the number of people asking for recommendations?

Predictably a large number of assistants said more people are asking to speak to the pharmacist. But 37 per cent said that they too are being asked for advice more often. Very few assistants felt that the number of requests to speak to themselves or the pharmacist had declined.

To what extent do customers rely on your advice?



The balance of opinion is that assistants do feel customers rely upon their advice.

Method

A self-completion questionnaire was distributed to assistants either directly or via the pharmacist at each of three trade shows (Chemex, Unichem — Swansea, and Unichem — Newcastle.) 147 replies were returned. Fieldwork took place between September 14-October 21. The sample was evenly split geographically between North and South, and between those working part-time (49 per cent) and those working full-time (51 per cent). There was a wide distribution of age and experience, the most common age group being "20 or more but less than 30" and the most common length of experience was "three or more but less than eight years".

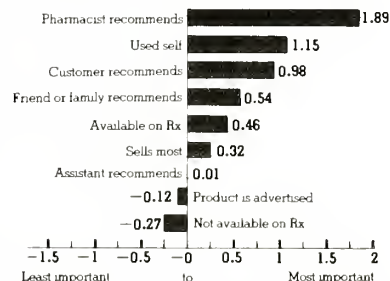


Helen Coldwell, MPS

Many customers ask for a product by name, but some ask for advice as to which product to buy — what do you usually do in such cases?

When specifically asked for advice as to which product to buy, 44 per cent of assistants said they would offer a few products and let the customer choose. A further 7 per cent said they would let the customer choose from the entire range — 41 per cent of assistants said they would call the pharmacist. 15 per cent said they would select one product for the customer.

How important are the following reasons to you when you recommend a product?



The opinions of the respondents have been weighted. Anything to the right of the central line means that it is a positive reason to recommend the product up to the limit of +2 which represents the "most important" reason.

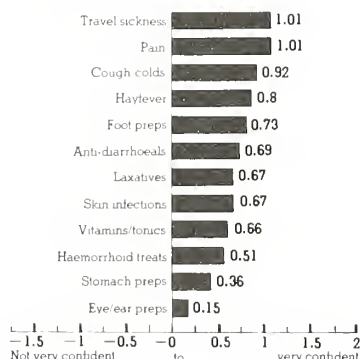
Clearly the most important reason to recommend a product is that the pharmacist too recommends this product. Products recommended by family friend, customer or used successfully by oneself also feature highly as reasons to recommend a product.

Advertising a product does not, in the eyes of the assistants, provide a reason to recommend a product; neither does the fact that it is an "OTC" only.

How confident do you feel about recommending products from the following groups?

Assistants feel confident to a greater or lesser extent with recommending products from all the main therapeutic areas. They are most confident recommending products for travel

continued from p987



sickness, pain, cough and cold preparations and least confident about recommending eye and ear preparations and, perhaps surprisingly, also stomach preparations.

It has been suggested that assistants may be able to sell 'P' medicines without the pharmacist having to be present. How do you feel about this?

A fifth of the assistants (19 per cent) were very unhappy about the idea of being able to sell Pharmacy medicines without the pharmacist having to be present whereas two thirds were happy with some reservations and 15 per cent were perfectly happy.

The reservations were mainly based around addiction and abuse of some drugs and lack of knowledge regarding drug interactions. However, assistants would be happy to sell some more "common" products where no special problems were presented, particularly if they had been trained. Also many assistants expressed concern about giving out prescriptions in the absence of the pharmacist.

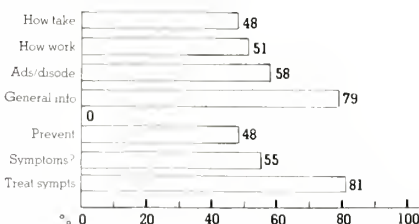
Those assistants who were "unhappy" about selling "P" medicines in the absence of the pharmacist mainly did not want to take the responsibility. Those assistants who were "perfectly happy" felt they had enough experience to sell "P" medicines in the absence of the pharmacist. All had been working in excess of three years. Some assistants find the supervision rules frustrating.

Would you like to learn more about medicines/disease areas?

Most assistants expressed a desire to learn more about both medicines and disease areas. In terms of the medicines themselves, 56 per cent of the assistants wanted to know more about "all medicines" and a further 43 per cent just wanted to know more about "some medicines".

Looking at the conditions and diseases for which people buy counter medicines, 43 per cent of assistants said they were interested in learning more about "all areas" and a further 52 per cent were interested in learning more about "some areas".

Usually what would you like to know about the medicines and conditions and diseases for which people buy counter medicines?



Medicines: Nearly 80 per cent of assistants said they wanted general information. A further 58 per cent wanted further information about the advantages and disadvantages of the different medicines. Around 50 per cent wanted to know how the medicines work and how to take them.

Conditions for which people buy counter medicines: Over 80 per cent of assistants wanted to know how to treat particular symptoms, a further 55 per cent wanted to know the symptoms of a particular condition or disease area, and a further 48 per cent wanted to know how to prevent the particular condition.

At what time of day would you attend a meeting?

Sixty-five per cent of the assistants said they would attend an evening meeting, the most popular venue being a hotel. The next most popular arrangement would be a lunch time meeting in the shop. However this only had the backing of 41 per cent and the idea of a shop meeting was only just positively received.

Recommendation

Assistants are eager to learn more about the products they sell and the disease areas for which they are sold; together with the implications of the Nuffield Report, this suggests that their training in these areas should, in the future, be more formalised and extensive.

Janssen wish to extend their sample base. Any assistant wishing to answer the questionnaire is asked to contact Ms Helen Coldwell, MPS, Janssen Pharmacy Division, Freepost, Grove, Wantage, Oxon OX12 0BR. No stamp required

Protect your franchise...

Loperamide was granted a P licence in May 1983 and was marketed by Janssen as Imodium without advertising or direct promotion to the public.

"We asked for the recommendation of pharmacists and hoped that in view of the excellent image of the product, sales would be good," David Mitchell, OTC sales manager (right) told pharmacy superintendents at the company's recent Pharmacy 2000 seminar.

"After two years of pushing Imodium into pharmacies we were not seeing much movement off the shelf. Research findings told us there was less than 2 per cent awareness among the public," he said. This was the prime reason why Janssen launched an OTC version — Arret — in March 1985, aimed at the consumer with a view to persuading them to ask for the product by name.

The packaging, with its clock logo, and the brand name both suggest speedy recovery. The claim of relief within one hour and the convenience of a capsule formulation was pushed in a humorous cartoon-type advertising campaign.

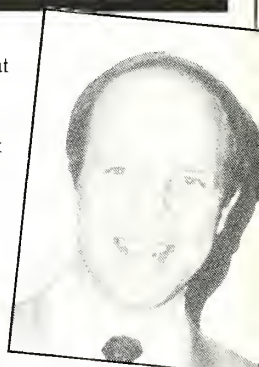
Within four months brand awareness was 23 per cent. Market share for loperamide in March '85 was 10.8 per cent. Four months later independent data

shows sales had risen by 26 per cent to almost £3m and the loperamide share of the market was almost £1m or 33 per cent. It is still showing growth of 18 per cent year on year, said Mr Mitchell.

"The range of medicines that pharmacists can recommend is limited. However, more effective medicines have become available — loperamide, ibuprofen. But this trend will not continue unless pharmacists support these products.

"The Government can deregulate more products. The NPA and the industry can, via advertising, get more people to go to a pharmacy, but only you can develop the 'Pharmacy only' franchise. Only you have the right and the ability to safely sell P medicines," said Mr Mitchell.

To produce less than 100 per cent in this area will draw criticism and possible competition, he said. "We have all seen the rise of drug stores. They, together with supermarkets have taken away a great deal of what was pharmacy business. They envy the margins that pharmacists enjoy on P medicines. Does your pharmacy maximise the opportunities given to promote community medicine and Pharmacy only products?"



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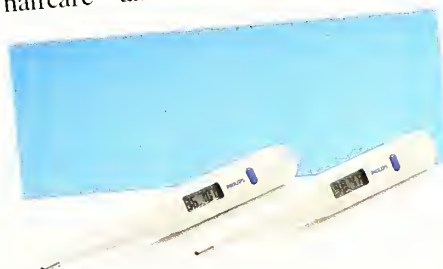
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CNS 2: Anxiety – a common complaint

Anxiety is a feeling familiar to us all: "butterflies in the stomach", and a sense of fear, panic or dread. It is a response to a real or perceived external threat and prepares us to meet it. The symptoms, including palpitations, dry mouth and pallor, are part of the sympathetic nervous system's "fight or flight" response, and are mainly due to adrenaline.

Anxiety is a natural, healthy response. Many of us find that a certain level of anxiety can improve our performance: it helps both the public speaker and the examination candidate. However, excessive anxiety rapidly impairs our abilities: some of us have a very low tolerance, while others seem to thrive on it and can only work well under pressure.

In these cases the cause is real, and would be regarded by anyone as worrying or potentially harmful. We have to distinguish between this normal physiological response and the symptom of an illness. *Abnormal anxiety* occurs when this response is out of proportion to the threat which triggers it, or the threat is only imagined by the patient. He may not even be able to explain what makes him anxious; there may be just a vague dread. This is often referred to as *anxiety neurosis*, to distinguish a similar symptom complex with a quite different cause. When the person's condition becomes so bad that he cannot cope with everyday life we may regard the sufferer as psychiatrically "ill".

Pathophysiological basis

The perceived threat, if real, reaches the cortex of the brain through both the main sensory pathway (the spino-thalamic tract), and the ascending reticular system, which connects to the limbic system (fig 1). The

In the previous article in this series, Russell J. Greene, of the Chelsea Department of Pharmacy, King's College, London, discussed the general nature of psychiatric disorder and its management. He continues with a consideration of some of the main psychiatric diseases, starting with the common condition of anxiety.

former results in appropriate action via the motor cortex (eg flight) and, via the hypothalamus and medulla, the endocrine and autonomic response (eg corticosteroid secretion, increased heart rate). This may account for the psychosomatic symptoms commonly associated with anxiety. The limbic system causes the prevailing emotion of fear, which explains the common features of most types of anxiety.

Anxiety neurosis due to an imagined threat, we may speculate, originates in the limbic system itself. Impulses then pass up to the cortex and simulate a real threat. In this way stress can be associated with increased heart disease or peptic ulceration, as the drive to these organs is excessive, prolonged or unnecessary.

The psychoanalytic view is that anxiety

neurosis is the result of internal mental conflicts, so non-invasive, communications-type treatment might be expected to be successful. The biological theories hold that the cause is biochemical; eg, a reduced GABA-modulin activity, which allows overstimulation of the ascending reticular formation leading to excessive arousal. And the success of chemicals in controlling many symptoms of anxiety seems to support this.

However, these two theories need not be incompatible. Primarily mental events, in order to achieve anything, would have to alter brain activity, and this is predominantly neurochemical. Thus chemical interference would be expected to bring about a symptomatic change, but not to affect the underlying mental cause. This accords with the apparent effect of anxiolytics.

Degrees of anxiety

Anxiety can usefully be classified according to its severity and duration, since this affects management (table 1).

Whether any of these is considered a mental illness depends on how plausible is the threat, how appropriate the response and how well the sufferer copes.

The first type, which we all experience, rarely needs treatment. *Panic reactions* involve florid autonomic symptoms and extreme distress, quite out of proportion to the apparent cause. *Medium-term anxiety* is really an extension of mild anxiety, often a reaction to real but persistent adverse circumstances (eg unemployment or impending divorce). Chronic anxiety is experienced by those who find difficulty coping with everyday life, by those leading extremely stressful lives, or possibly as a reaction to a chronic serious illness. Finally we must not overlook the possibility that certain diseases, (eg hyperthyroidism) can cause anxiety symptoms, as can drugs, eg adrenergics such as beta-2 stimulants (bronchodilators) and neuroleptics.

Types of anxiety neurosis

A number of symptom complexes occur, mainly in chronic anxiety (table 2).

Obsessional/compulsive states commonly occur together. They are most likely in the rigid, obsessive sort of person, overly concerned with neatness and order. We all have our little obsessions; but a patient who is compelled to wash his hands 20 or 30 times a day, and is obsessed by the idea of cleanliness, is clearly "ill".

Hypochondriasis is a disorder of thought or ideas, whereas with *psychosomatic* problems there is some actual physical dysfunction — usually autonomic — accompanying the symptoms (eg dyspepsia

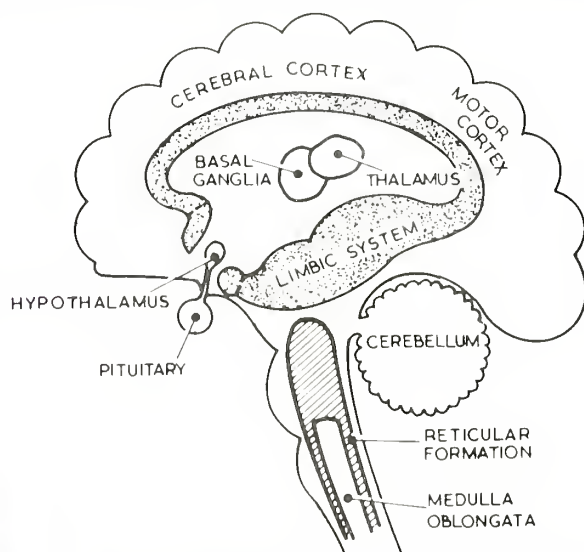


Fig 1. Diagrammatic representation of important brain centres

Table 1 — Degrees of anxiety

Class	Example of cause
Acute mild anxiety	Stage fright, examination nerves
Acute severe anxiety state	Panic reaction to acute threat
Medium-term anxiety	Over-reaction to real medium-term problem which will resolve itself
Chronic anxiety	Chronic stress related to way of life, personality or chronic illness
Secondary anxiety	Due to a medical condition or a drug

associated with measurable gastric hypersecretion). Thus if hypochondriasis is in a sense imagined ("all in the mind"), psychosomatic conditions are real physical disorders. Not only, as we have seen, do mental conflicts alter physiological function: these psychosomatic symptoms may be the only indication the patient is anxious.

Hysteria generally presents as a sudden dramatic neurological or neuromuscular problem, such as blindness or paralysis. Although undoubtedly caused by mental conflict, unlike a psychosomatic problem there is no genuine physical basis; eg, in hysterical blindness signals pass normally along the optic nerve, but are not perceived by the higher centres. It is tempting to postulate a role for the ascending reticular system here, interfering with normal sensory input processing.

Phobias or morbid fears are expressions of underlying anxiety. Examples are agoraphobia — the fear of public places, usually because of the press of other people rather than simply open spaces — and arachnophobia (spiders). However, simply being upset by spiders does not count: but if the sight of them, or the unreasonable anticipation of them, causes a severe disruption to everyday life, then there is a

*continued
on p902*

Table 2 — Types of chronic anxiety neurosis

Variety	Features
Obsessional state	Irresistible bizarre thoughts or preoccupations
Compulsion	Irresistible desire to perform meaningless or ritualistic actions
Hypochondriasis	Obsession with and excessive fear of disease; irrational beliefs (delusions) about being ill
Phobia	Irrational, abnormal or excessive fear
Hysteria	Redirection of mental conflicts into physical symptoms, which have no physiological or pathological basis
Psychosomatic	Genuine pathological disorder, usually minor, brought about mental conflicts



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continued from page 901

problem. Furthermore, a fear of being eaten by a tiger might be phobic in London, but quite reasonable in Bengal.

Symptoms of anxiety

Physical signs may be absent in anxiety, and skill is needed in eliciting a psychiatric history, which may involve no more than the things a patient says, or the way he says them. The presentation is also highly variable, but usually consists of a number of features (table 3).

Thus we usually see a clear picture of sympathetic nervous system overactivity. However, psychiatric presentations may be mixed or disguised. For example, a patient may present with predominant depressive symptoms as a reaction to being anxious for so long, or anxiety may arise because of the problems the depression is causing.

Management strategy

The aims in managing anxiety are:

- to discover any immediate cause and deal with that
- to relieve suffering as soon as possible
- in the case of chronic anxiety, institute long-term, potentially curative measures

The first involves history taking and

examination for medical or iatrogenic causes, and to see if there is any objective threat (eg family, financial) to the patient.

Short term pharmacotherapy may be necessary for symptomatic relief, and nowadays **benzodiazepines** are the drugs of choice. The patient may then benefit from psychotherapy, because mood is stabilized and concentration improved. However, drugs do nothing to alter the reality of unemployment or domestic disharmony, nor do they alter the basic anxiety process in chronic or personality-related anxiety. Similarly, they cannot cure phobias, hypochondriacal ideas or the basic disturbances of obsessive-compulsive disorder. The sole aim of drug therapy in serious anxiety is to provide symptomatic relief. On the other hand, the short-term relief of acute situational anxiety with drugs, eg stage fright, is simple, harmless and usually effective.

The third aim, cure, usually necessitates some form of psychotherapy. Behavioural therapy is helpful for some neuroses, eg desensitization for phobias, aversion for compulsions. Chronic anxiety may benefit from a combination of individual counselling (perhaps just "someone to talk

to") and group therapy. Hypnosis too has a place. The team approach is important: nurses, social services, occupational therapists and clinical psychologists all help to improve, where possible, the patient's socio-economic circumstances.

The community pharmacist also has a role to play, complementing and reinforcing the efforts of other professionals. Neurotic patients are notoriously difficult to deal with; they are often very manipulative, demanding and take a great deal of time. Nevertheless, they might at first be given the benefit of doubt, and an effort made to sympathize with their unenviable condition. Value judgements about "moral fibre" are unhelpful.

Admission to a psychiatric unit is in itself therapeutic, by taking the patient away from a stressful situation. But some patients are regularly admitted for a few weeks, "patched up", and then returned to a life they cannot cope with, only to be re-admitted later — the "revolving door" phenomenon.

Psychoanalysis is long, expensive (of time) and not always successful. It is less popular in Europe than in the USA.

Drug selection

Mild anxiety. Short courses of

The hottest 'pick-up' line this winter!

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Mr. Hot

Handy pack for soothing heat

Safe, convenient **Mr. Hot** will provide approximately 20 hours of soothing warmth, whenever, wherever your customers need it. .

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Keep Mr. Hot on your counter — and pick up the profit!!

benzodiazepines are useful when the patient needs support briefly before some stressful event. The therapy is usually short enough to prevent the development of drug dependence. The drug must be stopped as soon as the stressful event has passed. Short-acting benzodiazepines are preferred, to minimize daytime sedation, unless the patient has sleep problems, in which case a longer acting one may be needed.

Betablockers are particularly effective where the patient's symptoms are primarily somatic (palpitations, GI upset, tremor). These drugs also reduce the mental symptoms of anxiety.

Acute severe anxiety. For panic attacks major tranquilizers (**neuroleptics**, such as a phenothiazine) may be necessary, for the first 24 hours, perhaps by injection. Normal anxiolytic (minor tranquillizer) therapy follows, and psychotherapy will need to be started later, to try to determine the root cause of the problem.

Medium term anxiety. Where the problems stem from a poor social environment, such as poverty or marital stress, the clinician may feel frustrated by his inability to tackle the underlying cause. There is a strong temptation to suppress the unwelcome, distressing symptoms continuously with drugs, which seem so effective, rather than to attempt discover the real cause of the patient's difficulties. However, this temptation must be resisted. Short courses of **anxiolytics** have a place in stabilizing the patient, but the only chance of a permanent solution is to address these underlying problems. The alternative leads to drug dependence and a vicious cycle.

The initial enthusiasm for the benzodiazepines, based on their advantages over the barbiturates, has now cooled. Although they are certainly safe in overdose, there is a well recognized psychological and physical dependence syndrome.

Chronic anxiety. There is a general agreement that psychotherapy is the treatment of choice here, although, unwisely, drugs are still sometimes used. The only exception is in cases of serious organic illness and pain, especially cancer, where relief of symptoms becomes the prime objective, and drugs may then be useful.

Secondary anxiety. The aim here is to discover and correct the underlying abnormality, eg with antithyroid drugs, or surgery, in thyrotoxicosis.

Specific neuroses. In certain syndromes drugs have been found to be useful adjuncts to psychotherapy or behavioural therapy.

Tricyclic antidepressants, especially clomipramine, help in the treatment of obsessive-compulsive disorder, and **monoamine oxidase inhibitors (MAOIs)** are sometimes helpful in phobic states. For hypochondriasis and psychosomatic complaints, anxiolytics can aid psychotherapy.

For true hysteria, however, drugs are not effective and psychotherapy is essential.

Benzodiazepines

Mode of action. All have a similar pharmacological action: the differences between the various agents reside primarily in their kinetics. Even their wide range of actions, which makes them such enormously useful drugs, may be due to differences in distribution to various sites. The anxiolytic action is a quite selective effect on the limbic system, with little effect on cognition or co-ordination. At higher doses this selectivity is lost and they act as hypnotics.

They also have muscle-relaxant and anti-convulsant properties: **diazepam** by injection is the drug of choice for *status epilepticus*. Parenteral use enables light general anaesthesia for minor procedures, such as endoscopy, with the added benefit of an amnesic action, so that the patient has no recollection of an unpleasant experience. For a similar reason they may be given with nauseating or emetic cytotoxic regimes, which some cancer patients would rather avoid, even if it represents their only hope.

Pharmacokinetics. Benzodiazepines are lipophilic drugs with good bioavailability, widely distributed throughout the body and avidly bound to plasma protein. They are cleared almost exclusively by the liver. The shorter-acting ones like **temazepam** are metabolized directly to an inactive form, and have half-lives around three to 15 hours. The long-acting drugs (eg **diazepam**) have one

or more active intermediates and may have biological half-lives up to 100 hours. One result, often overlooked, is that the latter group take several weeks to reach a steady state, so that initially the dose should not be increased too frequently. Their effects may persist for many hours or days after discontinuation.

Advantages. Because they have a selective action, benzodiazepines avoid depression of the respiratory and other medullary centres even in overdose, and minimise drowsiness at therapeutic doses. They are extremely safe in overdose if taken alone. Tolerance, habituation, dependence and withdrawal symptoms are rare. They cause no serious liver enzyme induction. The only serious interactions likely are with other CNS depressants, such as alcohol.

Disadvantages. Benzodiazepines do cause some unwanted CNS depression. An impairment of motor co-ordination may be unnoticed by the patient, but could be responsible for motoring accidents. The long-acting ones can accumulate in the elderly, and in most patients there is a "hangover effect" from night-time doses. They sometimes cause paradoxical excitement, confusion or aggression, especially in the elderly.

Dependence and drug-seeking behaviour may also occur. Withdrawal symptoms seem commoner with the short-acting ones, especially if stopped abruptly; this may be due to the rapid fall in serum level. Tolerance, or reduced effectiveness, seems to occur after four to six weeks. If used as hypnotics they do not produce normal sleep patterns, and cause a rebound sleep debt on withdrawal. They potentiate the CNS depressant effect of other sedatives, including propoxyphene and alcohol, and overdoses often involve such combinations, causing potentially fatal respiratory depression.

Indications and use. Benzodiazepines should not be used for more than four to six weeks for any one course. The shorter acting one are preferred for the elderly, for those with liver disease, and for all daytime use even if this means more doses per day. The longer acting ones may be beneficial if compliance is doubtful, or if a combination of hypnotic effect and next day sedation is desired. The long-acting ones should be started cautiously with small dose increments, and all benzodiazepines, especially the short-acting ones, should be tailed off slowly.

In general, because of variations in clearance, response, residual effects and, possibly, concomitant medication, it may be necessary carefully to tailor the drug and dose to the individual. If these precautions are observed, the value and usefulness of benzodiazepines will be retained without incurring potentially serious problems.

Table 3 – The clinical features of anxiety

Psychiatric features

Feelings of apprehension, tension, fear, panic or terror; being on edge

Agitation, restlessness

Feeling of impending disaster

Sleep latency (difficulty getting to sleep)

Labile mood; given to outbursts of hostility

Physical features

Palpitations; bradycardia or tachycardia

Elevated blood pressure

Rapid shallow breathing (tachypnoea); possibly breathlessness (dyspnoea)

Various gastrointestinal disturbances (eg diarrhoea, dyspepsia, dysphagia)

Tremor

Excessive sweating

Flushing or pallor

Elevated blood glucose and corticosteroids

'Respond to Nuffield or else...' warns Booth

The questions of standards and supervision raised by Nuffield and the new contract package should now be the subject of intense debate within the profession, says Pharmaceutical Society president Dr Geoff Booth (below). Grass roots opinion was vital to the Society, which had got to make crucial decisions on these matters, he told the Rural Pharmacist Association's annual conference last weekend.

The Government will take action on the issues raised by Nuffield, the primary health care discussion document and the new contract if the profession doesn't move now, he warned.

"Surely it is better for us to move in the way we want, than to be moved."

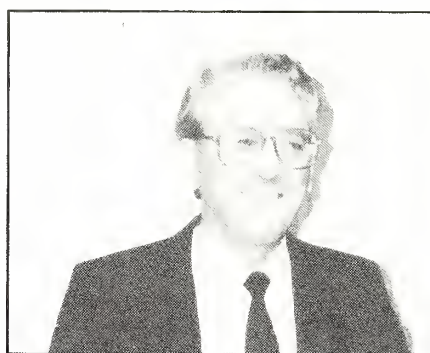
Dr Booth said the three major events of 1986 which will affect pharmacy's future must not be viewed in isolation. "It is not a coincidence that they have come together; they must be regarded collectively because that is how the Government regards them. There will be one outcome for pharmacy," he said.

But Dr Booth emphasised that Nuffield, the discussion document, and the new NHS Act are not just dealing with pharmacy or healthcare but are part of a much wider Government strategy to control public expenditure. Government thinking was reflected most strongly in the primary health care document. "The DHSS must now be regarded as a consumer protection society. It is out to see that it gets value for money and is looking for quality and effectiveness in family practitioner services."

The discussion document says that patients should have the widest possible choice in obtaining high quality primary health care, and the providers of such services would be encouraged to aim for the highest standards — "There is a dreadful threat behind those words," Dr Booth said.

One of the most controversial Nuffield recommendations was on supervision in pharmacies. He urged members to grasp that changes are going to take place. Nuffield suggested that present legal situation might be replaced by a more flexible requirement of professional ethics allowing pharmacists to delegate. "This was backed up in the discussion document — 'The Government sees a case for change on these lines' — a nod and a wink that it's going to happen," he said.

It was on the issue of supervision that Dr Booth was quizzed by the chairman of the Nuffield Inquiry, Sir Kenneth Clucas. "He repeatedly asked me: 'Is there ever a



time you would allow a prescription to be dispensed without seeing it?' What he was really saying was that we should think again about this, and get a decision from the profession."

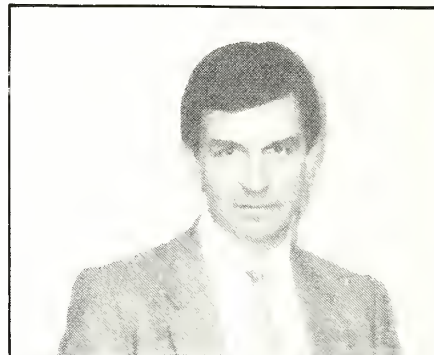
Council had devoted its first debate on Nuffield last week to the question of supervision. Dr Booth described it as "an historic debate," and one that would be regarded as the "crunch" debate in years to come.

The NHS (Amendment) Bill was good news for pharmacists in rural areas because of the extra support it would bring essential small pharmacies. But although

No easy road to better liaison

Greater co-operation between doctors and pharmacists as outlined by Nuffield is unlikely to be easy, particularly in rural areas. Keith Jenkins told the Conference.

He was reporting on some of the results of a national survey conducted by Professor David Marsland of Brunel University on "The Distribution of medicines and chemists sundries in rural areas", which had been strongly supported by the RPA. The results of an earlier survey in Norfolk were published in C&D June 15, 1985. One part of the survey asked doctors about three key issues; would they be willing to delegate dispensing to pharmacists in return for a



Dr Paul Stillman, a GP from Crawley, said he believed it was appropriate that response to symptoms, and health care education should be handled by pharmacists. "They are more efficient dispensers than doctors." He believed use of computers could hold the key to greater collaboration between the two professions. He urged rural pharmacists to take the lead

the profession had gained something it had been seeking for years — rational distribution — there was a price to pay for the removal of competition.

And part of that price would be standards in pharmacies, to be negotiated into regulations of the Bill. Dr Booth reported that negotiations for environmental standards under Section 66 of the Medicines Act were progressing well, but practice standards, and standards of professional identity would also come under scrutiny. "We will be stepping action up as a consequence of the powers we will have from the Bill. Council is determined these will be achieved," said Dr Booth.

On the broader issue of the Act, he told the conference that the Society had hoped pharmacist members of pharmacy practice subcommittees would retain a vote. But Council was delighted that it had achieved exactly what it had suggested when presented with the contract package — a voting non-contractor on the subcommittee.

rural subsidy; would they be willing to keep joint medication records; and what services would they regard as helpful to them in their work.

Only a third of the doctors who responded indicated a willingness for pharmacists to dispense, said Mr Jenkins. The vast majority of dispensing, doctors were against any such idea. In sharing records 55 per cent of non-dispensing doctors were willing to do so while only 34 per cent of dispensing doctors support the idea. On the question of services provided by pharmacists Mr Jenkins said again that dispensing doctors showed a much more negative attitude.

The full results will be published early in the New Year. The document will be submitted to the RPA for internal use, and Professor Marsland will have the results published shortly afterwards by the Social Unit of the Institute for Economic Affairs.

Northern light: a hawk or dove?

While hesitating to criticise a fellow member of the Pharmaceutical Services Negotiating Committee, I find it increasingly difficult to understand Alan Tweedie. In his letter published in *C&D*, November 15, p851, he talks like a hawk yet at our last committee meeting he cooed as softly as a dove.

At this meeting it was proposed that, in view of the loss of our votes on the pharmaceutical practice subcommittee, the remuneration side of the "package" be completely renegotiated. This was supported by only four members — and not one of them was from the "militant" North.

Noticeably quiet in that debate were the members of the Company Chemists Association, for they have got all they wanted. The PSNC chose instead to ask for a few "sweeteners".

Just how many of these will be granted

we shall only find out in the fullness of time, but you cannot negotiate from strength by starting near the bottom, and to say that you neither accept nor reject the package is arrant nonsense when you have already conceded too much and asked for too little.

To me the Government has only obtained half the powers it needs for rational distribution. It also requires the right to remove the contract from those pharmacists proliferating in the cities and other urban areas who are obviously superfluous to a planned service. We would then not need to harm the many small pharmacies essential to their own communities but who do not qualify for an essential small pharmacy scheme payment.

To return to my opening remarks, Alan Tweedie must make up his mind what his position is — running with the hares and hunting with the hounds will surely dry up even his silver tongue.

P. Holman

PSNC member for S.E. Thames, Sidcup, Kent

Petulant . . . or not?

Following the pragmatic views and real doubts expressed by Alan Smith regarding the new contract (*C&D* November 8) perhaps it is the editor of the *PJ* who is either being petulant or, not for the first time, orchestrating the hierarchy's tune. The resolution of the Northern Regional Committee to withdraw from new contract negotiations was made because the advantages to contractors are now of dubious merit. The decision was made after many of the doubts expressed by Mr Smith had been pre-emptively debated and our committee decided that the balance was now very much in the Government's favour.

There is no doubt that the current package bears scant resemblance to that originally accepted by the LPC Conference of 1985. From its benign genesis the warts have become a malignant growth, and we have made

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various concessions in an attempt to obtain the contract at all costs. In 1985, although many had grave misgivings, we were confident that our negotiating committee would be firm in its resolve on several fundamental issues, namely the cut off period, the 16,000 limit, and the constitution of the PPSCs.

We appear to have compromised on two of these issues with possible dire consequences for the future national location of pharmacies. Without a retrospective cut off period there is a long term threat for many existing contractors because they could be drawn below the 16,000 limit after the inception of the new contract due to new pharmacy openings. Certainly, I have little confidence that the newly constituted PPSCs will be either nationally consistent or will prevent such occurrences.

We have surrendered a great deal in obtaining control of entry, and it is to be hoped that the Government does not contemplate any further compromise regarding the 16,000 limit — or is that also open to further negotiation? Mr Smith's

comments are valid and his courage in expressing his doubts is self evident, for I am sure it will have displeased the *PJ*-sponsored "Yes, Minister" brigade.

I have little respect for a professional journal which can dismiss the well considered doubts of nine LPC's as petulance. Perhaps if we were doctors placing an advert for a plot of land adjacent to our surgery we would have received a more favourable response.

Dr Keith Watson
Sunderland LPC

How to lose business

As our next *Supplement* is not due until after Christmas, I should be glad if you could find space to reproduce this letter I have received from the British Diabetic Association. (The "Answer" printed in *Balance* stated that supplies of the VAT exemption form requested were "free on request from the NPA's Business Aids

Department" — by courtesy of Becton Dickinson who printed these for us.)

"I enclose the BDA's magazine *Balance* which goes out bimonthly to its members. On page 51 in the medical "Question and answer" section you will see that there is a question on VAT exemption. Since this letter has been printed we have had considerable feedback from our members stating how difficult they are finding it to obtain VAT exemption from their chemists, even when they have a VAT exemption form with them.

"Is there any possibility that you could bring this situation to the attention of your members or let me know of a route by which I can do so. At the present time our advice to those who are experiencing problems is to consider the option of buying their diabetic supplies through the various mail order companies on whose order forms there appears a VAT exemption form which, once completed, is honoured by these companies."

J. Goulding
NPA business services
Manager

COMING EVENTS

Interphex '86

Interphex will be opened next week by the Duke of Kent and will run at the Metropole Centre, Brighton from November 25-28.

More than 350 companies will be represented and some 100 new products are due to be launched among a range of manufacturing, processing and packaging equipment. New features this year include a manufacturing machinery centre and a packaging clinic.

The associated conference, running for all four days, has a varied programme including automation, OPD, freeze drying and health considerations in the design of facilities. There is an entry fee of £3 but complementary tickets are available from organisers *Cahners Exhibitions Ltd*, *Chatsworth House*, 59 London Road, *Twickenham TW1 3SZ*.

All in a day

A day school and workshop on research methods in pharmacy practice will be held on December 12 at the Chelsea Department of Pharmacy, King's College London.

The course is held in conjunction with the Guild of Hospital Pharmacists, and is intended for pharmacists considering, directing, or actively involved in practice

research. The emphasis will be on social and psychological investigation, sampling, survey, interview and questionnaires. The cost is £30 and application forms are available from Russell Greene, Chelsea Department of Pharmacy, King's College, London, Chelsea Campus, Manresa Road, London SW3 6LX.

World ski cup

The 1987 World Ski Cup for pharmacists will be held from March 28 to April 4 at Courchevel, France.

Slalom and cross-country races will be organised according to age and sex of participants, and package deals are available in the resort. Details from Madame Dominique Lecaillon, 15 Rue Armonville, F-51100, Rheims, France.

Monday, November 24

Clinical Pharmacy training group, 6 pm at the Glasgow Royal Infirmary on "Diabetics".
College of Pharmacy Practice, Glasgow Tutor Group, report on UKCPA Weekend and Dr J.R. Johnson on "Social Science Skills in Practice Research".

Tuesday, November 25

Chiltern branch, Pharmaceutical Society, 7.30 pm in the Great Hall, Pharmaceutical Society, 1 Lambeth High Street, London. Professor Heinz Wolff, director, Brunel Institute of Bionengineering on "The Physiology of Space Travel".
College of Pharmacy Practice, Edinburgh Tutor Group, 7.30 pm in Doctors' Common Room, Western General, on "Tuberculosis".

Tayside branch of Pharmaceutical Society, 7.30-9 pm at Ninewells Medical School. Dr C. Patterson on "Disorders of Bone Metabolism and their management".

Wednesday, 26 November

Hospital Pharmacists Symposium, 10 am-4.30 pm at the Royal Hotel, Bridge of Allan on "Vadis". Project sponsored by Geistlich. (Restricted attendance).
Tayside Health Board, pre-reg study day, 9.15 am-4.15 pm in Seminar Room 1 of Ninewells Hospital.
West Metropolitan branch, Pharmaceutical Society & The Western Pharmacists' Association, 7.15 pm in District Board Room, St Mary's Hospital, Acrow Building, 7-9 South Wharf Road, London W2. Dr Stephen Thomas on "Dressings — Present and Future".

Ulster Chemists Association annual general meeting, at 73 University Street, Belfast 7, at 8pm. After the formal business of the meeting Mr John A Grifley, business manager, Irish Pharmaceutical Union, will speak.

Thursday, November 27

Harrow and Hillingdon Branch, 7.30 pm, pre-registration meeting, clinical lecture theatre, Northwick Park Hospital.

Advance Information

Photo Marketing Association 63rd Annual Convention and Trade Show, February 22-25, 1987 at McCormick Place-on-the-Lake, Chicago, Illinois, USA. Further information from the PMA Convention Housing Bureau, on 800-248-8804.
Postgraduate School on Microbial Quality Assurance in Non-Sterile Pharmaceuticals, Cosmetics and Toiletries on April 6-10 1987 to be held at Chelsea Department of Pharmacy, Kings College London (KQC), University of London, Chelsea Campus, Manresa Road, London SW3 6LX. Cost £240 for members of PSGB, and £280 for non-members. Application forms from Mr R.E. Marshall, 01-735 9141, ext 287.

The phone number for Soler Touriste is 01-391 2525, not as given last week.

New move for Sunday trade from Tory MPs

Over 100 Conservative MPs have tabled a Parliamentary motion calling for the amendment of the law on Sunday Trading.

The motion describes the present legal provisions as "unworkable" and calls for an amendment "to take account of the manifest public demand for leisure outlets such as DIY shops and garden centres to open on Sundays". The leading signatories include Sir Marcus Fox, a vice-chairman of the influential 1922 Committee of Conservative backbenchers and Mr Mark Carlisle, a former Cabinet Minister, who has also been Home Office Minister of State.

This attempt to establish a consensus on the Conservative back benches follows appeals by Government whips to avoid unnecessary controversy in the run-up to the General Election, now widely believed

to be likely within the next 12 months, our Lobby Correspondent writes.

Dr Alan Glyn (Con) has indicated a strand of opinion which would prefer a more modest reform by seeking to amend the motion so that it merely records the view that the present law governing Sunday Trading is "unworkable".

The divisions in Conservative ranks over Sunday trading became apparent soon after the start of the new session. Sir Patrick Wall and three of his colleagues on the Government backbenches — Julian Amery, Tim Smith and John Watson — tabled a Parliamentary motion urging the House to accept an amendment. This was quickly followed by an amendment tabled Mr Ivor Stanbrook, who played a leading part in defeating the Government's Bill.

■ The Government is to seek Parliamentary approval for regulations implementing the European Community

Directive on misleading advertising. And the Trade and Industry Department has now completed its review of the legislation on "pyramid selling" and a consultation paper is likely to be issued next month.

The Consumer Protection Bill was introduced to the Commons on Wednesday as *C&D* went to press.

Mr David Crouch (Con), a member of the all party group on the chemical industry, is among the backbench MPs who have made clear their disappointment at the Government's failure to include in the Queen's speech a measure to relieve pharmaceuticals for human use from the Licence of Right provisions.

Share of market

Share Drug are now looking for a full listing on the stock market.

The drug store company announced its plans along with a 27 per cent rise in pre-tax profits for the year to August 30. Turnover was up 48 per cent. But the City was disappointed, having expected some £300,000 more than the £1.79m profit.



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Wellcome make sterling effort as public company

Wellcome's first set of full year figures since becoming "Wellcome plc" in last year's flotation reveals the setbacks of the massive share of sales taken by the US.

About £20m has been lopped off the £125.3m pre-tax profits, according to the company, in the comparison with last year's result (£121.7m), due to a weakened US dollar against sterling. When the 1985 figures are adjusted to this year's exchange rates it's a very different picture: then, say Wellcome, the 3 per cent profit rise turns into 23 per cent, and the turnover rate (£1,005.4m), instead of being level, is 12 per cent up.

Nearly 90 per cent of Wellcome's turnover comes from outside the UK, with

43 per cent based in North America — mainly the USA.

The issue of new shares when the Wellcome Foundation came to the market raised £45.6m. Borrowings at the year end (August 30) stood at £46.1m — down £25.7m on last year. Altogether £132m was spent on research and development — 13.2 per cent of turnover.

The biggest selling product is Zovirax, which made £105m sales worldwide in 1986. Now the product has been given a licence for treatment of shingles. And the company says the active promotion of Actified as an OTC product has offset some of the limited list's effects on sales (Wellcome move on with AZT — see News).

Cooling off in October...

After an optimistic September, retailers have witnessed an anti-climax in sales for last month.

Figures published in the Confederation of British Industry/*Financial Times* distributive trades survey show a drop in October sales — despite reaching higher levels than October 1985. The survey — which covers

610 firms — contradicts the opinions given in September, when retailers were looking forward to more healthy levels.

But hopes are high for November; shopkeepers are looking forward to a slightly faster rise in the run-up to Christmas.

Wholesalers have seen better sales than expected in October — and again they expect faster growth this month.

Orders placed by retailers were slower last month, and the balance of shopkeepers with stocks too high rose, after falling since April.

Merger for stomacare firms

The biggest British stomacare and incontinence firm is the result of a merger between Eschmann and Downs Surgical.

Called Simcare, the company is to be headed by Paul Battersby, the managing director — formerly managing director of Eschmann. The firm is based at Lancing, West Sussex, and its corporate identity will be gradually introduced onto Eschmann and Downs product packaging, though the old names will stay on for some months. The company's headquarters are at Peter Road, Lancing, West Sussex BN15 8TJ.

A revised edition of the "Code of Practice for the Photographic Industry" is now available. The Code covers consumer services and copies are available from The NPA, Mallinson House, 40 St Peter's Street, St Albans, Herts AL1 3NP.

Peaudouce are to spend £10m on their first factory in the UK. The Telford plant is expected to bring 235 jobs and should be working by Spring 1987. In the past Britain's Peaudouce subsidiary has taken its products from the French plants. The new site should produce over 500 million Babyslips and Lovmi nappies a year.

Braun's gas powered hairstyler, the Independent, has been approved for air transportation in checked-in luggage. Independent refills may not be carried on aircraft, but the company says the International Civil Aviation Authority allows them to be carried, one per person, in baggage checked in to the hold.

Hugin Sweda, the point-of-sale systems company formed by the merger between Hugin Cash Registers and Sweda International, have moved to Valiant House, Park Road, Uxbridge UB8 1NJ.

The Department of Trade and Industry's retail sales index for September shows chemists up 11 per cent to 198 (1980=100). Chemist figures do not include National Health Service receipts.

Sants slam direct dealers

Over 40 per cent of the prescription products market is now outside the bona fide distribution system, according to Sants wholesalers.

Announcing the annual results for the year to June 30, the group complains: "Because of parallel importing, the selected prescribing list and the expiration of patents on major ethical branded pharmaceutical products, many manufacturers are seeking to maintain market share by direct dealing, often at prices not available to bona fide distributors". Sants blame this for "considerable loss of revenue". They claim a 78 per cent rise in pre-tax trading profits.

The return from the group's community pharmacy interests showed an encouraging increase, say Sants. But the company warns that the Hardings pharmacy in Barnton may be leapfrogged by a pharmacy next to a health centre.

Sharp offer

Gillette are facing a bid battle with Revlon, after the cosmetics firm's takeover offer last week.

The \$4.9bn (£3.43bn) offer comes under the name Orange Acquisition — which is actually a teaming up of Revlon and an investment group. Both bidders are owned by Ronald Perelman.

Observers expect new bidders to enter the fray as Gillette fights back — Unilever's name has been mentioned. This speculation follows a jump of over \$9 in Gillette's share price, according to the *Financial Times*.

Glaxo spend £50m on antibiotic

A new £50m plant to produce the Glaxo antibiotic ceftazidime was to be officially opened on Friday at Glaxochem's factory in Ulverstone, Cumbria.

The project represents Glaxo's biggest single investment in the UK.

The expansion will allow production capacity to increase four-fold if necessary.

The new building is a four storey computer controlled unit where ceftazidime is processed from its intermediates. Other production facilities have been expanded.

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Give the needle — TV advice

A Liverpool pharmacist has appeared on television advising pharmacists to make syringes and needles readily available.

Mr Jeremy Clitherow, speaking on behalf of the Local Pharmaceutical Committee, appeared on "Granada Reports" on November 17. The message was that the increase in the spread of AIDS can be shown to be directly proportional to the re-use of infected syringes and needles, Mr Clitherow said. The pharmacist's role in health promotion was shown to be both in the supply of sterile equipment and its safe removal from the environment. Mr Clitherow is secretary of the drug dependency problem team in Liverpool.

New King pin for RPA

Roger King MPS is the new chairman of the Rural Pharmacist Association.

He takes over from retiring chairman Mervyn Madge who has held the position since the RPA's inception. Mr King was elected at the RPA's annual general meeting in Swindon last weekend.



Mr Rajni Shah, proprietor of Gudka's Chemist in London NW10, is the most recent winner in Unichem's 'Passport to riches' October draw. Pictured with Mr Shah are his pre-registration assistant Kamlesh Kurami (centre) and Mr Wyatt Bell (right) general manager of Unichem Willesden branch



Retiring chairman of the Rural Pharmacists Association Mervyn Madge (right) is presented with an apothecary pill tile and a book on the history of pharmacy, on behalf of the RPA by secretary John Davies. Mr Madge's wife Christine received a necklace to mark the occasion of her husband's retirement, and his appointment as the RPA's first president. Mr Madge also recently retired as secretary of the Plymouth branch of the Pharmaceutical Society after 46 years service



Vestric's Preston branch are the winners of the company's branch cup for the best results for sales and profitability. Preston's manager Bill Lawrence (left) is congratulated by Vestric's managing director Peter Worling at the company's 20th annual branch managers' conference at Sutton Coldfield in the Midlands

From Ciba to the CIA

Ciba Geigy's chairman, Allan Rae, is the new president of the Chemical Industries Association.

Mr Rae joined Ciba in Basle in 1964, becoming a member of the Swiss company's management committee in 1969. After the merger of Ciba and Geigy in Switzerland, he became chairman of the group of companies in the UK. He succeeds John Pitts, chairman and chief executive of Tioxide plc.

APPOINTMENTS

Moulinex: Nick Cornwell has been appointed marketing manager. He joins sales director Barry Willmore, as the latest recruit to the management team set up by managing director Neville Holmes to implement the restructured marketing programme.

Wella: Paul Clegg is appointed general manager of the retail division. Mr Clegg has been with Wella for over 16 years. During the last ten years he has held the position of sales manager and more recently marketing manager of the hairdressing division.

Philips Home Appliances: Malcolm Donohue is appointed product marketing manager for Philishave and Ladyshave ranges. He joined Philips International BV in 1980.

Colorama Processing Laboratories Ltd: Mr E. Gilburd has been appointed managing director. He was previously joint managing director at Colorama.

DEATHS

Markey: William James Markey, on November 5, suddenly at his home. Mr Markey completed his training in Graceys, York Street, Belfast, qualifying in September 1950. He carried on business, for many years, at 38 Donegal Road, Belfast and had just moved to new premises in Sandy Row.



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